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ABSTRACT

A project at Stanford University Medical School (California) was undertaken to train students to deal effectively with sexism and to promote change by increasing sensitivity of university leaders. Training involved sexual harassment workshops for medical students and faculty, and leadership retreats for deans and chairpersons. Five workshops were attended by 85 students, three retreats were attended by 50 in leadership positions, and 374 faculty attended workshops. To assess changes in climate, two survey instruments were developed, pilot tested, and administered to the faculty and student body during 1994 and 1995. In 1994, 116 students and 220 faculty returned usable surveys; in 1995, 112 students and 190 faculty completed surveys. During pilot testing, male faculty reported a more cohesive, positive climate than did female faculty, who perceived more gender unfairness and observed and experienced more sexually harassing behaviors. Females students reported more gender unfairness than did male students. Faculty and students were sensitive to observed sexually harassing behaviors, and these observations were associated with a decrease in positive climate ratings. Comparison between 1994 and 1995 showed significant improvement in school climate and decreases in gender-related problems. The survey instruments and item-by-item results are appended, along with student and facilitator workshop handbooks. (Contains 27 references.) (SW)

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Program to Diminish Gender Insensitivity and Prevent
Sexual Harassment in the Medical Environment

HE

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Program to Diminish Gender Insensitivity and Prevent
Sexual Harassment in the Medical Environment

At Stanford University Medical School, we set out to provide an environment that is free of gender insensitivity and sexual harassment. We designed and conducted sexual harassment workshops for students, and leadership retreats and sexual harassment workshops for faculty. To assess changes in climate, two survey instruments were developed. Pilot data were collected, followed by administration of the instruments to all faculty and students in two subsequent years. During pilot testing, male faculty reported a more cohesive, positive climate than female faculty who perceived more gender unfairness and observed and experienced more sexually harassing behaviors. Female students reported more gender unfairness than male. Faculty and students were sensitive to observing sexually harassing behaviors, and these observations were associated with a decrease in positive climate ratings. Comparison between 1994 and 1995 showed significant improvement in school climate and decreases in gender-related problems. We plan to continue these programs.

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Bergen MR, Guarino CM, Jacobs C. A climate survey for medical students: a means to assess change. *Professions Education Research Quarterly* 1994; 15(3): 14.

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Program to Diminish Gender Insensitivity and Prevent Sexual Harassment
in the Medical Environment

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Project Overview

Stanford University School of Medicine is committed to providing an environment for students and faculty that is hospitable and free of gender insensitivity and sexual harassment. Although formal charges of sexual harassment have been infrequent, faculty and students have voiced concern about overt gender insensitivity and incidences of unreported harassment. Our goal was to improve the climate at our medical school through educational programs to enhance the awareness of our faculty and practical programs for medical students to develop skills for recognizing and handling gender insensitivity and sexual harassment.

To accomplish our objectives, we designed and conducted sexual harassment educational workshops for medical students, leadership retreats for faculty, and sexual harassment workshops for faculty. To assess the change in climate at our institution, two survey instruments were developed. Pilot data were collected and the instrument was administered to all medical students and faculty in two subsequent years.

Purpose

Sexual harassment adversely affects the learning environment; in published studies, up to 75% of women and 22% of men have reported experiencing harassment during medical school and residency training. Gender insensitivity is even more pervasive. The consequences to victims can be substantial, and ultimately the climate of a medical school is negatively affected.

The objectives of our program were to 1) train students to deal effectively with sexism and 2) change the culture of our environment by heightening sensitivity of those in leadership positions. Survey instruments allowed us to assess the situation in more detail; through them we learned that the faculty were significantly more affected by issues of gender insensitivity and sexual harassment than were our medical students. We concluded that in order to change our environment, efforts had to be directed toward faculty as well as students.

Background and Origins

At the start of our project, Stanford University School of Medicine had 580 faculty and a student population of 450 medical students, 250 graduate students, and 560 postdoctoral fellows. A University policy on sexual harassment has been in place since 1979. In 1991, the dean sent a clear message to the entire medical community stating that sexual harassment was intolerable and that steps would be taken to diminish gender insensitivity and eliminate sexual harassment.

Funding from FIPSE and the School of Medicine allowed us to develop sexual harassment workshops for medical students, leadership retreats for deans and chairpersons, and sexual harassment workshops for faculty. We were also able to develop survey instruments to assess change.

Project Description

1. **Sexual Harassment Workshops for Medical Students**
We postulated that the ability of recipients to give immediate feedback regarding sexual harassment or gender insensitivity would have an important educational affect on the perpetrator. We designed and conducted two and one-half hour workshops for medical and graduate students with the goal of instructing them in defining, coping with, and countering sexual harassment. In the workshops, students learn what legally constitutes sexual harassment, develop strategies to confront this behavior, and practice skills to prevent and interrupt sexual harassment. Directed by two trained leaders and using workbooks we had developed, attendees actively participate in small group exercises, mini-didactics, and role play.
2. **Leadership Retreats**
We hypothesized that prevention is the most important approach to sexual harassment and gender insensitivity and that this could best be effected by changing the medical school environment. We conducted leadership retreats for departmental chairs, deans, and program directors with the objectives of improving individual insight into gender issues, assisting leaders in implementing practical strategic changes, and developing broad leadership on gender issues. These three-day retreats were attended by 50 faculty in leadership positions. The effects of these retreats were far-reaching at the school, departmental, and individual levels.
3. **Faculty Sexual Harassment Workshops**
Workshops were designed and conducted for faculty with the goal of helping them to understand what legally constitutes sexual harassment, to gain an understanding of the effects of sexual harassment, to assess concerns in the medical school, and to develop practical strategies and skills to prevent sexual harassment. To date, over half of our faculty have attended such workshops.

Evaluation/Project Results

Pre/post data were collected from sexual harassment workshops and leadership retreats. Evaluations showed that these activities were both educationally useful and personally relevant. At completion of the workshops, we measured an improved understanding of what constitutes sexual harassing behavior. On average, participants indicated that 30-50% of the material presented was new to them.

We developed two instruments to assess annually the perceptions of students and faculty regarding important aspects of school climate, particularly those related to sexism, as well as observations of and experiences with sexually harassing behaviors. Following a pilot study, final versions of the instruments were administered in 1994 and 1995 to all students and faculty.

Results of the survey for students demonstrated that female students perceived significantly more Sexual Harassment, Gender Discrimination, and Gender Insensitivity. Both men and women students were sensitive to observing sexual harassing behaviors. These observations were associated with a decrease in positive climate ratings and an increase in negative climate ratings, leading to the conclusion that personally observing sexual harassment can change one's perception of the general educational environment. Those named as sources of sexism were primarily fellow students.

For faculty, the survey results indicated that male faculty perceived a significantly higher degree of Positive Climate and Cohesion than female faculty. Female faculty perceived significantly more Sexual Harassment, Gender Discrimination, and Gender Insensitivity. A high percentage of male and female faculty observed at least one of five sexually harassing behaviors during the prior year, and just under half the female faculty reported experiencing at least one of six sexually harassing behaviors at least once. The most common source was another faculty member. Comparisons between years showed a significant improvement in school climate and decreases in gender-related problems.

To date, we have presented our work at four national meetings. Three publications are published or in press.

Continuation Plans

The activities derived from our program have been incorporated into our medical school, through a Council on Diversity which reports to the dean, a full-time ombudsperson for the School of Medicine, sexual harassment workshops for medical students and graduate students, and mandatory sexual harassment workshops for all faculty. Dissemination will continue with further presentations and publications.

Summary and Conclusions

We have learned that a school of medicine can seriously undertake a program to diminish sexual harassment and gender insensitivity provided there is commitment from the leadership and resources to initiate and assess effects of interventions. An evaluation instrument is crucial in understanding the complexities of this problem and assessing change.

Program to Diminish Gender Insensitivity and Prevent Sexual Harassment in the Medical Environment

P116B20509

Project Overview

In a 1990 questionnaire from the Association of American Medical Colleges (AAMC), Stanford graduates reported a 23% incidence of sexual harassment or discrimination. Among the most common complaints were sexist slurs and sexist teaching materials. The groups most frequently displaying this behavior were clinical faculty and residents. Although formal charges of sexual harassment have been infrequent, faculty and students have voiced concern about overt gender insensitivity and incidences of unreported harassment. Stanford University School of Medicine is committed to providing an environment that is conducive to academic achievement and free of gender insensitivity and sexual harassment. In 1991, Dean David Korn sent a written message to the entire medical community emphasizing the unacceptable nature of sexual harassment and underscoring the effects of sexism on others. The School began working with Equity Institute, Inc. (Emeryville, California), an independent consulting group with extensive experience in multicultural and gender issues.

We identified three approaches to this problem: 1) establishment of effective mechanisms for recognizing and dealing with sexual harassment; 2) imparting skills for dealing with insensitivity and harassment to those most likely to be victims; and 3) prevention through educational programs. The specific objectives of our FIPSE proposal were as follows:

1. To train students to deal effectively with sexual harassment and gender insensitivity with the goal of changing behaviors through immediate feedback.
2. To change the culture of our environment by heightening sensitivity of those in positions of leadership to the deeply ingrained attitudes that perpetuate the more subtle forms of sexism.

We designed sexual harassment educational workshops for medical students to familiarize them with the definitions of sexual harassment and to impart skills for dealing with perpetrators. Five such workshops have been conducted, and pre/post data gathered regarding the efficacy of the workshops.

Secondly, we set out to change the culture of the medical environment by improving awareness and insight regarding gender issues among those in positions of leadership. To accomplish this end, we worked with Equity Institute, Inc. Two types of intervention were planned for the faculty. First, those in leadership positions attended executive retreats with the goal of improving insight into gender issues and to assist leaders in strategic planning to improve the climate at our school. Four two-day retreats were held, each with a follow-up retreat six months later. In addition, sexual harassment workshops were designed for faculty. To date, 14 such workshops have been conducted, reaching 374 faculty.

A significant amount of effort and resources was required to implement our program. Thus, it was imperative that the effects of our efforts be evaluated. To assess change in climate at our institution, a survey instrument was developed. This survey contains three sections that evaluate climate, experiences, and attitude. We have, to date, collected baseline and follow-up data on medical students and faculty. In our pilot student survey we found that students tended to agree that there was a positive climate; but there were male/female differences regarding gender discrimination, sexual harassment, and gender insensitivity. Seventy percent of both male and female students reported having observed sexual harassing behavior during the previous year, and 46% of females and 15% of males reported experiencing sexual harassing behavior during that year. The most common source was another student. Observing and/or personally experiencing sexual harassment was associated with a decrease in positive climate ratings and an increase in negative ones. In the 1994 and 1995 annual surveys for all medical students, females perceived significantly more sexual harassment, gender discrimination, and gender insensitivity. While females had no change in their observations of sexually harassing behavior, the percent who experienced such behaviors significantly decreased.

With regard to faculty, in our pilot study we found that female faculty perceived a significantly lower degree of positive climate and cohesion than male faculty and that they perceived significantly more sexual harassment, gender insensitivity and gender discrimination than male faculty. We found that a high percentage of all faculty observed sexual harassing behavior, and a high percentage of female faculty experienced at least one sexually harassing behavior in the past year. The most common source was other faculty. We found that personal observation or experience affected the faculty view of climate. There were many significant male/female differences in attitudes about gender stereotyping and sexual harassment. In the 1994 and 1995 annual surveys, the women faculty perceived significantly more sexual harassment, gender discrimination, and gender insensitivity. For all faculty, there were significant increases in Positive Climate and Cohesion and significant decreases in Sexual Harassment, Gender Discrimination, and Gender Insensitivity between 1994 and 1995. Significantly fewer female faculty observed sexually harassing behaviors in 1995 compared to 1994.

We have presented elements of our program at three national conferences, and we have one published abstract, one published article, and one article in press.

Purpose

Sexual harassment, defined as repeated and unwanted sexual behavior that adversely affects the working and learning environment, is unfortunately all too common in the medical environment. Gender insensitivity, defined as comments or actions which intentionally or unintentionally devalue the individual purely because of their sex, is even more pervasive. In published studies, up to 75% of women and 22% of men have reported experiencing sexual harassment during medical school and residency training. Women faculty also face gender insensitivity and sexual harassment which interferes with their productivity. The consequences to victims of gender insensitivity

and sexual harassment can be substantial. Ultimately, it can affect the entire climate of a medical school.

The objectives of our program were to 1) train students to deal effectively with sexism, and 2) change the culture of our environment by heightening sensitivity of those in leadership positions. As our programs got underway, it became clear how crucial it was to assess the impact of these programs on our climate over time. Only through surveying all students and faculty could we make certain that all constituencies were represented. Without such a survey instrument, we could only guess at the problems and needs of our students and faculty. We subsequently developed an instrument that could reliably assess climate, was non biased, and was of acceptable length. Through this survey instrument, we learned that the faculty were significantly affected by issues of gender insensitivity and sexual harassment, even more so than our medical students. We concluded that were we to change our environment positively, efforts had to be more directed toward faculty.

For those trying to replicate our model, we have several suggestions: It is imperative to have a commitment to change from the top, be that the dean of a medical school or a president of a university. Hard choices have to be made in terms of resources to support such a program and the authority to, in some cases, mandate change. We found that those departments and individuals who were in most need of training were the ones who would never have voluntarily participated in these programs. Any institution embarking upon a major change process should be aware that the situation most likely will deteriorate before it improves. When issues of gender insensitivity and sexual harassment are brought forth for widespread discussion, there is a great deal of prior history that must be dealt with before one can move forward. Finally, professional assistance was invaluable to us in designing and conducting our leadership retreats and sexual harassment workshops. The issues brought forth are of such a contentious and sensitive nature that they should be undertaken only with the assistance of professionals with experience and expertise in these areas.

Background and Origins

Stanford University School of Medicine is located on the main campus of Stanford University in Stanford, California. The Medical Center includes the School of Medicine, Stanford University Clinic, Stanford University Hospital, and Lucile Salter Packard Children's Hospital. At the time our project began, the Medical School faculty numbered 580 in 16 clinical departments and 10 basic science departments; the student population was 450 medical students, 250 graduate students, and 560 postdoctoral fellows. The University had a policy on sexual harassment in place since 1979, and an ombudsperson was established on the main campus in the 1970s. Complaints from medical students and women faculty led the Vice President and Dean, David Korn, and the Faculty Senate of the School of Medicine to conclude that overt gender insensitivity and incidences of unreported sexual harassment were definitely present and unacceptable. Several steps were taken:

1. In a July, 1991 memorandum, the Dean sent a clear message to the entire medical community stating that sexual harassment was intolerable and making them aware of issues of gender insensitivity and its impact on the community.

2. A sexual harassment panel was established to hear complaints and advise victims concerning avenues of redress.
3. The Program for Women in Medicine and the Medical Sciences was initiated with support from the Dean.
4. Equity Institute, Inc., was hired to assist the School of Medicine in diminishing sexual harassment, gender insensitivity, and gender discrimination.

Over the three years of our grant, funding from FIPSE was used to develop a survey instrument, gather pilot and follow-up data, analyze the data, develop sexual harassment workshops for medical students, and disseminate our results. The School of Medicine provided resources for sexual harassment workshops for faculty, leadership retreats, and support for the Program for Women in Medicine and the Medical Sciences. Subsequently, in June of 1992, a Council on Diversity was established within the School of Medicine in order to institutionalize efforts to change our environment, particularly for women and minorities. Upon the advice of this Council, an ombudsperson was hired who had particular expertise in dealing with sexual harassment. In addition, the Council on Diversity was instrumental in beginning a mentoring program for junior faculty, particularly women and minorities. Thus, this project was truly a joint effort of FIPSE and the School of Medicine.

Project Description

Our program consisted of three specific projects: the development and conduct of sexual harassment workshops for medical students, conduct of executive retreats for those in leadership positions, and the development and conduct of sexual harassment workshops for faculty. Materials were designed for each of these workshops, and pre/post assessments were performed. The overall impact with time of this program was assessed through our survey instrument.

Sexual Harassment Workshops for Medical Students

The objective of this project was to develop a sexual harassment workshop for medical and graduate students and to determine its effectiveness in instructing them to define, cope with, and counter sexual harassment. We postulated that acquisition of specific skills would facilitate handling uncomfortable situations and that the ability of recipients to give immediate feedback would have an important educational effect on the perpetrator. We developed a two and one-half hour workshop. We designed two handbooks — one to guide facilitators through the workshop, and one for student use during the session. Each workshop was directed by two trained facilitators and attended by 10 to 20 students.

The workshop has the following format: the facilitators begin with an outline of the goals and the working guidelines for the session, including an agreement of confidentiality and the importance of risk taking during the workshop. The attendees then actively participate in small group exercises to define sexual harassment and describe reactions of

recipients. Using an awareness activity checklist, attendees learn to recognize more subtle forms of sexual harassment. The legal definition of sexual harassment and common misperceptions inside academia and inside medicine are covered by didactics. Students are taught how to assess an incident and are given a sample script of an effective response. In addition, they learn the importance of non verbal and contextual aspects of the message. The second half of the workshop involves skills development in assessing and resolving an incident. These are accomplished through role play using three cases. Students rehearse a variety of strategies, bringing back to the main group those that do and do not work and why. Finally, students are given our School's Policy and Procedures on Sexual Harassment.

To date, five workshops have been attended by 85 students. Pre/post data indicated an improvement in understanding the legal definition of sexual harassment and the awareness of a policy and procedure for reporting sexual harassment. When asked to rate whether six different behaviors constituted sexual harassment, the scores significantly changed for four behaviors following workshops indicating a new level of understanding of what constitutes sexual harassment. Following attendance at a workshop, students identified a larger number of ways for dealing with an incident. Using a 5-point scale of attitudes, there was a change toward greater sensitivity regarding sexual harassment following the workshop. Students reported that nearly half of the information learned in the workshop was new to them.

We encountered three difficulties in running the workshops. The first was "side tracking" — intellectualizing sexual harassment, especially as it relates to the law. This tended to depersonalize the material, making the session more comfortable for some, but ultimately decreasing the ability to attain workshop goals. Another problem was prolonged telling of personal stories, which although often of interest, left less time for skills development. A third problem was that the material can be highly emotionally charged, particularly if a group of students has not faced these issues before.

For those planning to institute such workshops or other educational activities, we stressed that it is important that the magnitude of the problem be recognized by the school at the outset. Commitment or acceptance by the dean or president is critical if the environment is to change and the planned activities not become a hollow exercise. In planning a sexual harassment workshop, in-depth knowledge of the school and/or university's policies and procedures is necessary. A needs assessment should be performed to allow the planners to identify baseline attitudes and knowledge of the potential attendees. In selecting and training facilitators, we found it crucial to employ those with prior experience in the field. Finally, a formal assessment instrument and/or focus groups can assist in modifying the workshops to make them most effective for a particular student group.

Leadership Retreats

We hypothesized that prevention is the most important approach to changing sexual harassment and gender insensitivity and that it could best be effected by changing the medical school environment. We conducted leadership retreats for department chairs, deans, and program directors. The objectives of these retreats were to improve individual insight regarding gender issues, to assist leaders in implementing practical strategic changes, and to develop broad leadership on gender issues. The retreats were designed and executed in conjunction with Equity Institute.

The first day of the retreat was centered around the theme of developing individual leadership. Activities were designed to promote a climate of self expression, acceptance, and understanding. Some exercises were conducted in the large group and some in small groups to achieve maximum participant interaction. On the second day of the retreat, the theme was organizational culture and climate. A follow-up retreat was held six months later to review the goals, update progress toward resolution of gender issues, and make long range plans. The first three retreats were attended by 50 in leadership positions, including deans, department chairs, and program directors; 17 were women. The effects of these retreats were far reaching at the school, departmental, and personal levels. Several departments went on to have such retreats with their own faculty. A Council on Diversity was established by the Dean to carry out the strategic plans emanating from the retreats. The Medical School recruited and hired an ombudsperson with expertise in sexual harassment; a Faculty Mentoring Program was developed and implemented.

Faculty Sexual Harassment Workshops

During the first year of our program, as faculty became aware of the sexual harassment workshops for students, several requested development of sexual harassment workshops specifically for the faculty. With the assistance of Equity Institute, workshops were designed and conducted. The goals of the workshop were to 1) understand what legally constitutes sexual harassment; 2) gain an understanding of the effects of sexual harassment; 3) assess successes, problems, and concerns related to sexual harassment in the Medical School; 4) develop practical strategies and skills to prevent sexual harassment in the Medical School; and 5) better understand male/female culture differences. In October of 1994, the Vice President and Dean of the Medical School made participation in sexual harassment workshops mandatory. In a letter to faculty he stated: "I am sure that you are aware of the School of Medicine's commitment to present a place of work and study for students, faculty, and staff free of sexual harassment. Sexual harassment is both reprehensible and illegal... Knowledge of what constitutes harassment and how it can be prevented is a critical first step. We have offered

seminars on these subjects in recent years with strongly positive reviews from the faculty who participated. I have concluded that the seminars should be offered once again to...examine the definition of sexual harassment under state and federal law, the University Sexual Harassment Policy, and the prevention and remediation of harassing behavior. Your participation in the seminar is mandatory, and attendance will be monitored."

To date, 374 of our 580 faculty have attended such workshops. Initially, pre/post assessments were performed which indicated that the workshops significantly improved knowledge of the legal definition of sexual harassment as well as enhancing the potential sources of resolution. Changes in attitude after the workshop showed more awareness and knowledge of sexual harassment. Participants stated that 43% of the material presented in the workshop was entirely new to them.

Evaluation/Project Results

The 1993 and 1994 annual reports included pre-post data from the interventions undertaken at Stanford. These events have proven both educationally useful and personally relevant. Since that time, most of our efforts have been directed toward the final development, administration, and data analyses of the two surveys in order to evaluate the effectiveness of the entire program. Thus, our goal of developing instruments to assess annually the perceptions of students and faculty regarding important aspects of school climate--particularly those related to overt and covert sexism--has been met. In last year's report, we examined the psychometric properties of the instruments, delineated the modifications that were made, and presented the pilot data for the surveys. The final versions of the surveys were administered in spring 1994 and 1995 to all medical faculty and students.

A summary of these findings will be reported. The Appendix includes the instruments and item-by-item reports of the results for both faculty and students for 1994 and 1995. Analysis of variance (ANOVA) analyses of the year and gender differences and their interactions have been included. We start with the student data and then move to the faculty.

Students

The surveys were placed in students' mailboxes in late spring 1994 and 1995. One follow-up reminder was sent. In 1994, 119 students returned the surveys (50% female). In 1995, 117 students returned the surveys (46% female). Our student body is approximately 42% female. Only those who designated their sex were included in the analyses (116 and 112, respectively). The return rate was 26% in both 1994 and 1995. Fifty-six percent of the 1995 respondents stated that they had completed the 1994 survey; 44% said they had not. There were no significant differences between these groups in either mean climate scale ratings or in the weighted sum of the number of observations or experiences of sexually harassing behavior.

The means for the six scales of the Climate Survey for Medical Students are shown in Table 1. [A graphic presentation of these data appears in the Appendix.] High scores indicate agreement with the name of the scale (e.g., "high" positive climate or "high" sexual harassment). Mean scores above or below 2.5 show the tendency to agree or disagree with the scale. In both 1994 and 1995, the medical students were above the midpoint of the scale on Positive Climate and Affiliation; near the midpoint on Teacher Support; and well below on Sexual Harassment, Gender Discrimination, and Gender Insensitivity.

Table 1
1994 and 1995 Climate Survey Means for All, Male, and Female Students (4-point scales)

Scale	Overall Mean	Male Mean	Female Mean
1994	(N=116)	(N=58)	(N=58)
Positive Climate (PC)	2.80	2.79	2.81
Affiliation (A)	2.91	2.84	2.98
Teacher Support (TS)	2.60	2.59	2.62
Sexual Harassment (SH)	2.16	2.04	2.27
Gender Discrimination (GD)	2.14	2.04	2.25
Gender Insensitivity (GI)	2.20	2.01	2.39
1995	(N=112)	(N=60)	(N=52)
Positive Climate (PC)	2.82	2.84	2.80
Affiliation (A)	2.90	2.88	2.93
Teacher Support (TS)	2.59	2.61	2.56
Sexual Harassment (SH)	2.04	1.94	2.15
Gender Discrimination (GD)	2.03	1.87	2.21
Gender Insensitivity (GI)	2.14	1.92	2.38

In 1994, there were no significant male/female differences in Positive Climate ($p=.80$) or Teacher Support ($p=.62$). Female students, however, perceived a significantly higher degree of Affiliation ($p=.02$) than male students. Female students perceived significantly more Sexual Harassment ($p=.009$), Gender Discrimination ($p=.03$), and Gender Insensitivity ($p<.001$) than male students.

In 1995, there were no significant male/female differences in Positive Climate ($p=.67$), Affiliation ($p=.60$), or Teacher Support ($p=.51$). Female students perceived significantly more Sexual Harassment ($p=.02$), Gender Discrimination ($p<.001$), and Gender Insensitivity ($p<.001$) than male students.

Year (1994, 1995) x Sex (M, F) ANOVAs were performed for the entire student data set. There were no significant effects of Year or significant interaction effects. There were no significant male/female differences for any of the positive scales (PC, A,

TS); however, female students rated Sexual Harassment ($p < .001$), Gender Discrimination ($p < .001$), and Gender Insensitivity ($p < .001$) significantly higher than male students.

The majority of female students reported having observed sexually harassing behavior during the previous year--79% in 1994 and 83% in 1995. More than half of the male students also reported having observed sexually harassing behavior--71% in 1994, but many fewer (53%) in 1995. Those named as sources of observed sexism in our study were primarily fellow students both in 1994 (48%) and 1995 (44%). The next most often mentioned were faculty, 25% in 1994 and 31% in 1995.

More than half of the female students reported also having experienced sexually harassing behaviors in 1994 (53%), but many fewer, nearer one-third, reported these experiences in 1995 (36%). Many fewer male students reported experiencing sexually harassing behaviors than observing them--17% in 1994 and 20% in 1995. Fellow students were the primary source of these negative experiences--50% in 1994 and 45% in 1995. Again, faculty were next most often indicated--26% both years.

Responses to the frequency of the students' observations and experiences of gender-related behaviors were scored by giving a weight of 0 to "never," 1 to "once," and 2 to "more than once." These scores were then summed over items in each category--five for observations, six for experiences--10 and 12 being, respectively, the highest possible scores. These totals provided estimates of the relative amount of offensive behavior each student reported having observed/experienced. Year (1994, 1995) x Sex (male, female) ANOVAs were performed using these data. For Observations, there were significantly fewer reported observations of harassing behavior in 1995 than in 1994 ($p < .001$); female students reported significantly more of these behaviors than male students ($p < .001$); and female student reports of observations decreased more than male from 1994 to 1995 (i.e., a significant Year x Sex interaction, $p = .01$). For Experiences, there was no significant difference from 1994 to 1995, however, female students reported experiencing significantly more sexually harassing behaviors than male students ($p = .002$).

Both men and women students appeared to be sensitive to observing or experiencing sexually harassing behavior. These effects were determined by performing Pearson product-moment correlations between the weighted sum of observations/experiences and the mean ratings of the positive climate scales for both men and women students. There were consistently negative correlations, and 42% of them were significant. The effect was strongest for female students who in 1995 had either observed or experienced sexually harassing behavior during the year. Thus, there was support for our contention that observing or personally experiencing sexual harassment may influence one's perception of the general educational environment.

We are continuing our long-term intervention plans for medical students. The workshops for students have been modified and expanded on the basis of feedback from those who attended the early sessions. National interest in our instruments has been high since our presentations at AAMC and RIME. The March, 1996, publication of the student survey description and data in Evaluation and the Health Professions will doubtless also serve to increase interest.

Faculty

The surveys were sent to faculty via interdepartmental mail late in the spring. One follow-up reminder was sent. In 1994, 223 faculty returned the surveys (22% female). In 1995, 194 faculty returned the surveys (26% female). Our faculty is approximately 19% female. Only those who designated their sex were included in the analyses (220 and 190, respectively). The return rates were 45% in 1994 and 40% in 1995. The modal academic rank was "professor" for men and "assistant professor" for women both in 1994 and 1995. On average, male faculty reported more years on the Stanford faculty than female. Male faculty were significantly older than female both in 1994 (Male $M=48.4$ years; Female $M=44.1$, $p=.006$) and 1995 (Male $M=47.2$ years, Female $M=44.5$ years, $p=.06$). Sixty percent of the 1995 respondents stated that they had completed the 1994 survey; 40% said they had not. There were no significant differences between these groups in either mean climate scale ratings or in the weighted sum of the number of observations or experiences of sexually harassing behavior.

The means for the five scales of the Climate Survey for Medical Faculty are shown in Table 2. [A graphic presentation of these data appears in the Appendix.] High scores indicate agreement with the name of the scale (e.g., "high" positive climate or "high" sexual harassment). Mean scores above or below 2.5 show the tendency to agree or disagree with the scale. In 1994, the medical faculty were below the midpoint on all of the scales. In 1995, they were above the midpoint of the scale on the positive scales (PC, C) and below the midpoint on the negative scales (SH, GD, GI).

Table 2
1994 and 1995 Climate Survey Means for All, Male, and Female Faculty (4-point scales)

Scale	Overall Mean	Male Mean	Female Mean
1994	(N=171)	(N=49)	(N=220)
Positive Climate (PC)	2.43	2.53	2.11
Cohesion (C)	2.44	2.48	2.32
Sexual Harassment (SH)	2.20	2.08	2.60
Gender Discrimination (GD)	2.22	2.04	2.86
Gender Insensitivity (GI)	2.31	2.14	2.91
1995	(N=141)	(N=49)	(N=190)
Positive Climate (PC)	2.52	2.58	2.35
Cohesion (C)	2.56	2.57	2.54
Sexual Harassment (SH)	2.09	1.98	2.42
Gender Discrimination (GD)	2.11	1.92	2.67
Gender Insensitivity (GI)	2.21	2.04	2.69

In 1994, male faculty perceived significantly higher Positive Climate ($p<.001$) and Cohesion ($p=.05$) than female faculty. Female faculty perceived significantly more

Sexual Harassment ($p < .001$), Gender Discrimination ($p < .001$), and Gender Insensitivity ($p < .001$) than male faculty.

In 1995, there was no significant difference between male and female faculty perceptions of Cohesion ($p = .66$). However, male faculty perceived significantly higher Positive Climate ($p = .001$) than female faculty. Female faculty perceived significantly more Sexual Harassment ($p < .001$), Gender Discrimination ($p < .001$), and Gender Insensitivity ($p < .001$) than male faculty.

Year (1994, 1995) x Sex (M, F) ANOVAs were performed for the entire faculty data set. The means for 1995 were significantly higher than 1994 for Positive Climate ($p = .004$) and Cohesion ($p = .006$), and significantly lower for Sexual Harassment ($p = .006$), Gender Discrimination ($p = .004$), and Gender Insensitivity ($p = .001$). There was one significant Year x Sex interaction, with female faculty showing a larger increase in mean Positive Climate ratings from 1994 to 1995 than male faculty.

The majority of female faculty reported having observed sexually harassing behavior during the previous year--92% in 1994 and 71% in 1995. However, there was a marked decrease in percentage. Many fewer male faculty than female reported having observed sexually harassing behavior--53% in 1994 and 41% in 1995. Those named as sources of observed sexism in our study were primarily faculty colleagues, both in 1994 (47%) and 1995 (48%). Next most often mentioned were staff, 23% in both years.

Fewer than half of the female faculty reported also having experienced sexually harassing behaviors in 1994 (47%) and 1995 (43%), and again, there was a decrease. Many fewer male faculty reported experiencing sexually harassing behaviors than observing them--20% in 1994 and 16% in 1995. Fellow faculty were the primary source of these negative experiences--40% in 1994 and 45% in 1995. Again, staff were next most often indicated--32% in 1994 and 29% in 1995.

The faculty responses for observations and experiences were weighted and summed in the same fashion as the student data. These totals provided estimates of the relative amount of offensive behavior each faculty member reported having observed/experienced. Year (1994, 1995) x Sex (male, female) ANOVAs were performed using these data. For Observations, there were fewer reported observations of harassing behavior in 1995 than in 1994 (this difference approached significance, $p = .09$); female faculty reported significantly more of these behaviors than male faculty ($p = .005$). For Experiences, there was no significant difference from 1994 to 1995; however, female faculty reported experiencing significantly more sexually harassing behaviors than male faculty ($p = .001$).

Both men and women faculty appeared to be sensitive to observing or experiencing sexually harassing behavior. These effects were determined by performing Pearson product-moment correlations between the weighted sum of observations/experiences and the mean ratings of the positive climate scales for both men and women faculty. There were consistently negative correlations, and 38% of them were significant. The effect was strongest for male faculty who in 1995 had either observed or experienced sexually harassing behavior during the year. Thus, there was

support for our contention that observing or personally experiencing sexual harassment may influence one's perception of the general educational environment.

Faculty-Student Comparisons

Eighteen items were identical for faculty and student scales: Positive Climate (4 items); Sexual Harassment (6 items); Gender Discrimination (2 items), and Gender Insensitivity (6 items). Year (1994, 1995) x Group (faculty, students) x Sex (male, female) ANOVAs were performed for these data and for the weighted sums of the Observations (possible range 0-10) and Experiences (possible range 0-12). Table 3 shows these data by year.

Table 3

Means for the 18 Common Climate Items (4-point scales), Mean Observations (0-10), and Mean Experiences (0-12) for Male and Female Faculty and Students by Year

Scale	Male Faculty Mean	Female Faculty Mean	Male Students Mean	Female Students Mean
1994	(N=58)	(N=58)	(N=171)	(N=49)
PC(4 items)	2.84	2.80	2.58	2.09
SH(6 items)	2.10	2.32	2.08	2.60
GD (2 items)	2.21	2.43	2.23	3.00
GI (6 items)	1.99	2.34	2.20	2.97
Observations	2.57	3.41	1.76	4.53
Experiences	0.33	1.90	0.53	1.06
1995	(N=60)	(N=52)	(N=141)	(N=49)
PC(4 items)	2.94	2.93	2.62	2.46
SH(6 items)	1.96	2.19	1.98	2.42
GD (2 items)	1.96	2.41	2.15	2.86
GI (6 items)	1.90	2.34	2.09	2.76
Observations	1.90	2.94	1.17	2.69
Experiences	0.65	1.25	0.43	0.96

The main effects and significant interactions of the ANOVAs appear in the Appendix. In general, the results were as follows:

(1) Main Effect of Year (1994, 1995): the 1995 mean for Positive Climate was significantly higher than 1994 ($p=.001$); the 1995 means for the negative measures (SH, GD, GI) were significantly lower than those of 1994 ($p<.001$, $<.001$, and $.001$, respectively). There were significantly fewer mean Observations reported in 1995 than in 1994. There was no significant difference in mean number of Experiences for the two years.

(2) Main Effect of Group (faculty, students): the faculty mean for Positive Climate was significantly higher than the student mean ($p=.001$); students means were significantly

higher than faculty on the gender scales (SH, GD, GI-- $p=.002$, $<.001$, $<.001$, respectively); the faculty and student means were not significantly different for Observation ($p=.40$), but the faculty mean was significantly higher for Experiences than was the student mean ($p=.05$).

(3) Main Effect of Sex (male, female): the male mean was significantly higher for Positive Climate than the female mean ($p<.001$); female means were significantly higher than males for the three negative gender scales (SH, GD, GI-- $p<.001$ for all) and for the mean Observations ($p<.001$) and Experiences ($p<.001$).

(4) Group x Sex Interaction (male faculty, female faculty, male students, female students): for Positive Climate, faculty were alike and significantly higher than students, but female students were much lower than male students (Interaction $p=.001$); for the gender scales (SH, GD GI), male students and faculty were alike and lower than female, but female students were much higher than female faculty (Interaction $p=.001$, $.001$, and $<.001$, respectively); for the Observations, the females reported more observations than males, male faculty reported more than male students, but female students more than female faculty (Interaction $p=.003$); for Experiences, again females reported more than males, male faculty and students were alike, but female faculty reported more than female students (Interaction $p<.001$).

Dissemination

The following national presentations have been made:

"A Climate Survey for Medical Students: A Means to Assess Change."
American Educational Research Association, New Orleans, April 1994.

"Developing a Workshop to Train Students to Deal with Sexual Harassment." AAMC Annual Meeting, GEA Mini-workshop, October 1994.

"Diminishing Gender Insensitivity and Sexual Harassment in Medical Education." AAMC Annual Meeting, Women in Medicine Program, October 1995.

"Medical Faculty Perceptions of Gender Fairness." AAMC Annual Meeting, Research in Medical Education, October 1995.

Our publications resulting from this project are as follows:

Bergen MR, Guarino, Jacobs C. A climate survey for medical students: a means to assess change. Professions Education Research Quarterly 1994; 15(3): 14 (Abst.)

Jacobs C, Bergen M. In Progress: A sexual harassment workshop for medical students. Acad Med 1995; 70(5): 434-5.

Bergen MR, Guarino CM, Jacobs C. A climate survey for medical students: a means to assess change. Evaluation and the Health Professions (in press).

Continuation Plans

The activities derived from this program have now become incorporated into our Medical School and University. The School of Medicine and University will continue to support the following activities: an annual diversity retreat for all incoming medical students to particularly address the issues of women and minorities; sexual harassment workshops for medical students and graduate students to be conducted yearly by the ombudsperson; mandatory sexual harassment workshops for all faculty now conducted by the University; a yearly administration of the climate survey and data analysis (supported by gift funds); and preparation of manuscripts for publication which will include the results of the faculty climate scale, changes in the climate as viewed by students and faculty with time, comparison of climate at the Medical School and at other professional schools within the University, and comparison of student/faculty differences in perception and incidences. In addition, following our AAMC workshop, we have had multiple requests to disseminate our instrument and to collaborate with other schools in studying their environment and helping them begin sexual harassment workshops.

Summary and Conclusions

As a result of this grant activity, we have learned that a school of medicine can seriously undertake a program to diminish sexual harassment and gender insensitivity, provided that there is commitment from the leadership and resources to initiate and evaluate the project. We cannot over-emphasize the importance of evaluation in understanding the depth and complexity of the issues as well as in measuring change. We have concluded that while programs geared toward medical students are important, the first order of business is changing the environment for faculty who will in turn create a better environment for students.

APPENDIX

Comments to FIPSE

Instruments

Medical Student Climate, Experiences, Attitudes Survey

Medical Faculty Climate, Experiences, Attitudes Survey

Results

1994 Medical Student Climate, Experiences, Attitudes Surveys -- Item-by item results

1995 Medical Student Climate, Experiences, Attitudes Surveys -- Item-by item results

1994 Medical Faculty Climate, Experiences, Attitudes Surveys -- Item-by item results

1995 Medical Faculty Climate, Experiences, Attitudes Surveys -- Item-by item results

Histograms of 1994-1995 Results for Faculty and Students

ANOVAs for Faculty and Student data by Year and Sex

Year (1994, 1995) x Group (faculty, students) x Sex (male, female) ANOVAs

Publications

Sexual Harassment Workshops for Medical Students

Student Handbook

Facilitator Handbook

Comments to FIPSE

Comments for FIPSE

This project could not have been undertaken without the assistance of FIPSE. At the onset, discussions with FIPSE staff, particularly Jay Donahue, helped us crystallize our ideas and formulate projects that were doable within the time frame. The FIPSE staff's emphasis on evaluation led me to collaborate with professionals in the area of evaluation which, in turn, enhanced the project such that it was accepted and respected by the academic community. This resulted in the development of an instrument that is internally consistent and that has been recognized nationally as an important tool for measuring change. One cannot over-emphasize the importance of evaluation in lending credibility to such a project at an academic institution.

In our dissemination efforts, we found that our School had in many ways become a model for the change process with regard to gender issues. Subsequently, we have interacted with faculty, staff, and students across the United States. Our papers and presentations have generated an enormous amount of dialogue, which is much needed given the high percentage of women entering the medical profession. This project would not have been possible without the funding and, more important, encouragement from FIPSE.

Instruments

Medical Student Climate, Experiences,
Attitudes Survey

Medical Faculty Climate, Experiences,
Attitudes Survey



STANFORD UNIVERSITY MEDICAL CENTER

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Associate Professor of Medicine

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(415) 725-8738, (415) 725-0663

May 2, 1995

Dear Medical Student:

We need your help. Through a series of initiatives, we are trying to change the culture of the Medical School and to foster an environment which is optimally conducive to work and study. We are investigating the change process and its effects. The enclosed survey will help us assess our climate with an emphasis on gender issues. Please take a few moments to fill it out. The data will only be valid if the response rate is high. This is an annual survey so please participate once again.

Thank you for your assistance.

Sincerely,

Charlotte Jacobs, M.D.
Senior Associate Dean for
Education and Student Affairs

Enclosure

CDJ/mfs

Stanford University School of Medicine

A Climate Survey for Medical Students

Please respond to each of the following items on the basis of your perceptions of Stanford University School of Medicine (SUSM) during the 1994-1995 academic year:

It is my perception that---	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Everyone's opinion is respected.	☐	☐	☐	☐
2. Students in this school get to know each other really well.	☐	☐	☐	☐
3. The procedure for reporting sexual harassment is well publicized.	☐	☐	☐	☐
4. Most faculty spend very little time just talking with students.	☐	☐	☐	☐
5. A person's gender is an important part of the way he/she is treated.	☐	☐	☐	☐
6. People are careful to use inclusive language (e.g., he/she, chairperson).	☐	☐	☐	☐
7. People are sometimes publicly belittled or humiliated.	☐	☐	☐	☐
8. Students in this school aren't very interested in getting to know other students.	☐	☐	☐	☐
9. Most faculty take a personal interest in students.	☐	☐	☐	☐
10. Classroom questions from women students are treated with less respect by faculty than those from men students.	☐	☐	☐	☐
11. People are treated with courtesy and respect.	☐	☐	☐	☐
12. A lot of friendships have been made in this school.	☐	☐	☐	☐
13. People who make complaints of sexual harassment are protected from harmful consequences.	☐	☐	☐	☐
14. Most faculty are more like a friend than an authority.	☐	☐	☐	☐
15. Female students more than male students are asked intrusive questions about their personal life.	☐	☐	☐	☐
16. This environment makes me worry about what effect having a family might have on my career.	☐	☐	☐	☐
17. A lot of active mentoring goes on.	☐	☐	☐	☐
18. It's easy to get a group together for a project.	☐	☐	☐	☐
19. Most faculty go out of their way to help students.	☐	☐	☐	☐
20. Men are encouraged to pursue certain fields in medicine that are seen as "appropriate" to their gender.	☐	☐	☐	☐
21. It's a "man's world" here.	☐	☐	☐	☐
22. As medical schools go, ours is more open-minded.	☐	☐	☐	☐
23. Students enjoy working together on projects in this school.	☐	☐	☐	☐
24. Remarks denigrating women are common.	☐	☐	☐	☐
25. Sometimes the teachers embarrass students for not knowing the right answer.	☐	☐	☐	☐
26. Women are favored over men in medical school admission.	☐	☐	☐	☐
27. The medical school environment is less comfortable than my undergraduate environment.	☐	☐	☐	☐

	Strongly Disagree	Disagree	Agree	Strongly Agree
28. Students enjoy helping each other with assignments.	☐	☐	☐	☐
29. Most faculty "talk down" to students.	☐	☐	☐	☐
30. Women are discouraged from entering certain specialties.	☐	☐	☐	☐
31. Women who speak out on issues of concern to them are labeled as troublemakers.	☐	☐	☐	☐
32. Curricular and administrative policies are inflexible.	☐	☐	☐	☐
33. Students don't have much of a chance to get to know each other in this school.	☐	☐	☐	☐
34. Sexual harassment is a problem here.	☐	☐	☐	☐
35. If students want to talk about something most faculty will find time to do it.	☐	☐	☐	☐
36. Male students are more actively recruited for research projects than female students.	☐	☐	☐	☐
37. Male students are taken more seriously than female students.	☐	☐	☐	☐
38. This environment inspires the best academic performance.	☐	☐	☐	☐
39. It takes a long time to get to know everybody by his/her first name in this school.	☐	☐	☐	☐
40. There is little blatant sexual harassment here.	☐	☐	☐	☐
41. Most faculty want to know what students themselves want to learn about.	☐	☐	☐	☐
42. Women are encouraged to pursue certain fields in medicine that are seen as "appropriate" to their gender.	☐	☐	☐	☐
43. The educational experience tends to make students feel anxious.	☐	☐	☐	☐
44. There are groups of students who don't get along here.	☐	☐	☐	☐
45. There is support for those who have been sexually harassed.	☐	☐	☐	☐
46. Most faculty do not trust students.	☐	☐	☐	☐
47. There are enough appropriate role models for women students.	☐	☐	☐	☐
48. Some students in this school don't like each other.	☐	☐	☐	☐
49. The administrators side with the faculty (not the student) in sexual harassment complaints.	☐	☐	☐	☐
50. Students have to watch what they say in this school.	☐	☐	☐	☐
51. Classroom responses/comments of men students are treated with more respect by faculty than those of women students.	☐	☐	☐	☐
52. Women are put down more than men in our classrooms.	☐	☐	☐	☐
53. Students put up with sexual harassment from faculty out of concern with grades or recommendations.	☐	☐	☐	☐
54. Women faculty members are highly visible here.	☐	☐	☐	☐
55. I'd recommend SUSM to a prospective student of my gender.	☐	☐	☐	☐
56. Teachers use male examples as if they represent all persons.	☐	☐	☐	☐
57. Interactions with faculty that have sexual overtones are common.	☐	☐	☐	☐

Indicate how frequently during the 1994-1995 academic year you have observed/experienced the following behaviors at SUSM, and by whom?

	How frequently?			By whom? (mark all that apply)			
	Never	Once	More than once	Faculty Member	TA/Staff	House Officer	Fellow Student
<u>How frequently have you observed.</u>							
negative remarks about females as a group or jokes that "put down" women?	☐	☐	☐	☐	☐	☐	☐
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures?	☐	☐	☐	☐	☐	☐	☐
public displays of photographs, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women?	☐	☐	☐	☐	☐	☐	☐
offensive gestures of a sexual nature?	☐	☐	☐	☐	☐	☐	☐
those who support efforts to improve women's status being "put down"?	☐	☐	☐	☐	☐	☐	☐
<u>How frequently have you experienced.</u>							
unwelcome sexually directed remarks about clothing, body, sexual activities?	☐	☐	☐	☐	☐	☐	☐
unwanted verbal propositions to participate in sexual activity?	☐	☐	☐	☐	☐	☐	☐
unwanted physical contact or proximity (e.g., cornering, leaning over, touching)?	☐	☐	☐	☐	☐	☐	☐
unwelcome letters, telephone calls, receipt of materials of a sexual nature?	☐	☐	☐	☐	☐	☐	☐
staring, excessive eye contact?	☐	☐	☐	☐	☐	☐	☐
discomfort caused by subtle pressure for sexual activity?	☐	☐	☐	☐	☐	☐	☐
sexual harassment?	☐	☐	☐	☐	☐	☐	☐

If you have experienced any of the above behaviors, please respond to the following:

A. My experience(s) prompted the following action(s):

Mark all that apply

- ☐ ignored the behavior
- ☐ avoided the person(s)
- ☐ asked or told the person(s) to stop.
- ☐ threatened to tell or told peers
- ☐ sought psychological counseling
- ☐ reported the behavior to supervisor/ombudsperson (i.e., sought informal resolution)
- ☐ filed a formal complaint
- ☐ entered consensual relationship with person(s)
- ☐ entered coerced relationship with person(s)
- ☐ none of the above

B. My experience(s) affected me as follows:

Mark all that apply

- ☐ caused me to have a sense of powerlessness
- ☐ negatively affected my state of mind
- ☐ negatively affected my health
- ☐ negatively affected my relationship with the person(s)
- ☐ caused me to worry about the impact on my academic future
- ☐ negatively affected my feelings about medical school
- ☐ negatively affected my school performance (even temporarily)
- ☐ caused me to consider leaving medical school
- ☐ influenced subsequent career decisions
- ☐ had no effect
- ☐ other (specify) _____

Indicate your agreement with the following statements:

	Strongly Disagree		Unsure of Agreement		Strongly Agree
1. Men are more competitive than women.	☐	☐	☐	☐	☐
2. Women are better suited to certain specialties than men.	☐	☐	☐	☐	☐
3. Women are more emotional than men.	☐	☐	☐	☐	☐
4. Men are more committed to their careers than women.	☐	☐	☐	☐	☐
5. Women are more collaborative than men.	☐	☐	☐	☐	☐
6. Men think more abstractly than women.	☐	☐	☐	☐	☐
7. Men have greater scientific aptitude than women.	☐	☐	☐	☐	☐
8. Men are better suited to certain specialties than women.	☐	☐	☐	☐	☐
9. A male mentor would be more advantageous to my career than a female mentor.	☐	☐	☐	☐	☐
10. An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions.	☐	☐	☐	☐	☐
11. Recipients of sexual harassment can stop the behavior if they want to.	☐	☐	☐	☐	☐
12. Those who complain of sexual harassment generally have other motives.	☐	☐	☐	☐	☐
13. An attractive man can expect sexual harassment and should learn how to handle it.	☐	☐	☐	☐	☐
14. Sexual harassment has little to do with power.	☐	☐	☐	☐	☐
15. The issue of sexual harassment has been blown out of proportion.	☐	☐	☐	☐	☐
16. It is only natural to make sexual advances toward an attractive fellow student.	☐	☐	☐	☐	☐
17. Few who experience sexual harassment are harmed by it.	☐	☐	☐	☐	☐
18. An attractive woman can expect sexual harassment and should learn how to handle it.	☐	☐	☐	☐	☐
19. Sexual harassment is decreasing in the medical school.	☐	☐	☐	☐	☐
20. An emphasis on sexual misconduct policy destroys a sense of community.	☐	☐	☐	☐	☐
21a. The climate for women students has improved since I've been here.	☐	☐	☐	☐	☐
21b. The climate for men students has improved since I've been here.	☐	☐	☐	☐	☐
21c. The climate for minority students has improved since I've been here.	☐	☐	☐	☐	☐
22. An action is not "sexist" unless it is intentional.	☐	☐	☐	☐	☐
23. There is little that one can do to make others stop bothering him/her sexually.	☐	☐	☐	☐	☐

Comments regarding "climate" concerns not covered in this survey: _____

Sex: male___ female___

Age___

Marital status: single___ married/permanent relationship___ separated/divorced___ widowed___

Children: yes___ no___

Educational status:

___1st year medical student

___2nd year

___3rd year

___4th year

___5th year

___5th year +

Number of clerkship months you have completed: _____

If you have started your clerkships, please respond to the following five items (otherwise, skip them):

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Students are treated in a supportive manner in their clerkships.	☐	☐	☐	☐
2. During clerkships, responses/comments of men students are treated with more respect than those of women students.	☐	☐	☐	☐
3. Male faculty grade women students more leniently than men students during clerkships.	☐	☐	☐	☐
4. During clerkships, questions from female students are treated with less respect than those from male students.	☐	☐	☐	☐
5. Women students are put down more than men students during clerkships.	☐	☐	☐	☐

If you are a US citizen or permanent resident, your ethnic background is:

___African-American

___American Indian/Native American

___Asian-American

___Caucasian

___Chicano/Latino or Chicana/Latina

___other: _____

___not a citizen or permanent resident

Have you received information regarding the procedure for reporting sexual harassment? yes___ no___

Did you respond to this survey last spring? yes___ no___

Other comments: _____

Please fold this survey in half, staple or tape, and return through ID mail (there is a box in M-105) before the end of May, 1995. Thank you!

**Merlynn Bergen, PhD
1000 Welch Road, Suite 1**

MC:0146



STANFORD UNIVERSITY MEDICAL CENTER

STANFORD, CALIFORNIA 94305-5302

Charlotte Jacobs, M.D.
Senior Associate Dean for Education and Student Affairs
Associate Professor of Medicine

Stanford University School of Medicine
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(415) 725-8738, (415) 725-0663

May 2, 1995

Dear Colleague:

Through a series of initiatives, we are trying to change the culture of the Medical School and foster an environment which is optimally conducive to work and study. With a grant from the Fund for the Improvement of Postsecondary Education, we are studying the change process, particularly with regard to gender issues. Comparison from this annual survey will help us assess the effectiveness of our programs. Please take a few minutes to fill out the enclosed survey.

Thank you for your assistance.

Sincerely,

Charlotte Jacobs
Senior Associate Dean
for Education and Student Affairs

Enclosure

CDJ/mts

This survey is completely **anonymous** and should take about **ten minutes** to complete. Your response to the questionnaire is voluntary; you have the right to refuse to answer individual questions.

Please return your completed survey (it can be folded, stapled, and put into ID mail) before the end of May, 1995.

The principal investigator and person to whom questions about the study should be addressed is Dr. Charlotte Jacobs, Stanford University School of Medicine--M121, Stanford, CA 94305, (415)725-8738.

The project director and person to whom questions about this survey should be addressed is Dr. Merlynn Bergen, Stanford University School of Medicine, 1000 Welch Road, Suite 1, Palo Alto, CA 94304, (415)725-8803.

If you have any questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact - anonymously, if you wish - the Human Subjects Office, 125 Panama St., Stanford University, Stanford, CA 94305-4125 (or by phone (415)723-4697 - you may call collect).

Stanford University School of Medicine

A Climate Survey for Faculty Members

Please respond to each of the following items on the basis of your perceptions of Stanford University School of Medicine (SUSM) during the 1994-1995 academic year:

It is my perception that---	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Everyone's opinion is respected.	☐	☐	☐	☐
2. There is a feeling of unity and cohesion in this school.	☐	☐	☐	☐
3. The procedure for reporting sexual harassment is well publicized.	☐	☐	☐	☐
4. A person's gender is an important part of the way he/she is treated.	☐	☐	☐	☐
5. Women find it harder to find a mentor than men do.	☐	☐	☐	☐
6. People are careful to use inclusive language (e.g., he/she, chairperson).	☐	☐	☐	☐
7. There is very little group spirit among people in this school.	☐	☐	☐	☐
8. Campus media give adequate coverage to women's activities and issues of concern to women.	☐	☐	☐	☐
9. Women are expected to defer to men.	☐	☐	☐	☐
10. People are treated with courtesy and respect.	☐	☐	☐	☐
11. There is a strong feeling of belongingness in this school.	☐	☐	☐	☐
12. People who make complaints of sexual harassment are protected from harmful consequences.	☐	☐	☐	☐
13. Women more than men are asked intrusive questions about their personal life.	☐	☐	☐	☐
14. Female faculty members are highly visible here.	☐	☐	☐	☐
15. A lot of active mentoring goes on.	☐	☐	☐	☐
16. People in this school feel close to each other.	☐	☐	☐	☐
17. Women are discriminated against in the promotion process.	☐	☐	☐	☐
18. I'd recommend SUSM to a prospective faculty member of my gender.	☐	☐	☐	☐
19. It's a "man's world" here.	☐	☐	☐	☐
20. As medical schools go, ours is more open-minded.	☐	☐	☐	☐
21. People put a lot of energy into this school.	☐	☐	☐	☐
22. Remarks denigrating women are common.	☐	☐	☐	☐
23. Men are more actively recruited for faculty positions than women.	☐	☐	☐	☐
24. Students consider female faculty less credible than male faculty.	☐	☐	☐	☐
25. There's a lot of collaboration among the faculty.	☐	☐	☐	☐
26. A lot of people just seem to be passing time in this school.	☐	☐	☐	☐
27. Qualified men are given more career opportunities than qualified women.	☐	☐	☐	☐
28. Women are adequately represented as visiting professors or among those invited to lecture.	☐	☐	☐	☐
29. Women who speak out on issues of concern to them are labeled as troublemakers.	☐	☐	☐	☐

	Strongly Disagree	Disagree	Agree	Strongly Agree
30. The schedule of work activities is sensitive to people's non-work commitments.	☐	☐	☐	☐
31. People are very proud of this school.	☐	☐	☐	☐
32. Sexual harassment is a problem here.	☐	☐	☐	☐
33. There is gender-equity in salaries.	☐	☐	☐	☐
34. A woman's professional activity is seen as less important than a man's.	☐	☐	☐	☐
35. Men's opinions are taken more seriously than women's.	☐	☐	☐	☐
36. Taking time off for family is seen as a lack of commitment.	☐	☐	☐	☐
37. This is a rather apathetic place.	☐	☐	☐	☐
38. There is little blatant sexual harassment here.	☐	☐	☐	☐
39. The climate for women faculty varies among departments.	☐	☐	☐	☐
40. Individual talents are recognized and encouraged.	☐	☐	☐	☐
41. This school is a good place to make friends.	☐	☐	☐	☐
42. There is support for those who have been sexually harassed.	☐	☐	☐	☐
43. Women's views are represented fairly on major committees.	☐	☐	☐	☐
44. Women are interrupted at meetings more often than men.	☐	☐	☐	☐
45. There are enough appropriate role models for women.	☐	☐	☐	☐
46. The clinical workload is less for men than for women.	☐	☐	☐	☐
47. Women are assigned more committee work than men.	☐	☐	☐	☐
48. In my department, there is equal access for both male and female faculty to space, laboratory support staff and/or other resources.	☐	☐	☐	☐
49. Men are more likely than women to receive helpful career advice from their supervisors.	☐	☐	☐	☐
50. There tends to be a condescending attitude toward female physicians and scientists.	☐	☐	☐	☐

Comments regarding "climate" concerns not covered in this survey: _____

Indicate how frequently during the 1994-1995 academic year you have observed/experienced the following behaviors at SUSM, and by whom?

	How frequently?			By whom? (mark all that apply)			
	Never	Once	More than once	Faculty Member	Staff	House Officer	Student
<u>How frequently have you observed</u>							
negative remarks about females as a group or jokes that "put down" women?	☐	☐	☐	☐	☐	☐	☐
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures?	☐	☐	☐	☐	☐	☐	☐
public displays of photographs, pin-ups, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women?	☐	☐	☐	☐	☐	☐	☐
offensive gestures of a sexual nature?	☐	☐	☐	☐	☐	☐	☐
those who support efforts to improve women's status being "put down"?	☐	☐	☐	☐	☐	☐	☐
<u>How frequently have you experienced</u>							
unwelcome sexually directed remarks about clothing, body, sexual activities?	☐	☐	☐	☐	☐	☐	☐
unwanted verbal propositions to participate in sexual activity?	☐	☐	☐	☐	☐	☐	☐
unwanted physical contact or proximity (e.g., cornering, leaning over, touching)?	☐	☐	☐	☐	☐	☐	☐
unwelcome letters, telephone calls, receipt of materials of a sexual nature?	☐	☐	☐	☐	☐	☐	☐
staring, excessive eye contact?	☐	☐	☐	☐	☐	☐	☐
discomfort caused by subtle pressure for sexual activity?	☐	☐	☐	☐	☐	☐	☐
sexual harassment?	☐	☐	☐	☐	☐	☐	☐

If you have experienced any of the above behaviors, please respond to the following:

A. My experience(s) prompted the following action(s):

Mark all that apply

- ☐ ignored the behavior
- ☐ avoided the person(s)
- ☐ asked or told the person(s) to stop
- ☐ threatened to tell or told peers
- ☐ sought psychological counseling
- ☐ reported the behavior to supervisor/ombudsperson (i.e., sought informal resolution)
- ☐ filed a formal complaint
- ☐ entered consensual relationship with person(s)
- ☐ entered coerced relationship with person(s)
- ☐ none of the above

B. My experience(s) affected me as follows:

Mark all that apply

- ☐ caused me to have a sense of powerlessness
- ☐ negatively affected my state of mind
- ☐ negatively affected my health
- ☐ negatively affected my relationship with the person(s)
- ☐ caused me to worry about the impact on my academic future
- ☐ negatively affected my feelings about SUSM
- ☐ negatively affected my job performance (even temporarily)
- ☐ caused me to consider leaving my job
- ☐ influenced subsequent career decisions
- ☐ had no effect
- ☐ other (specify) _____

Indicate your agreement with the following statements:

	Strongly Disagree		Unsure of Agreement		Strongly Agree
1. Men are more competitive than women.	☐	☐	☐	☐	☐
2. The entry of women is humanizing medicine.	☐	☐	☐	☐	☐
3. Women are better suited to certain specialties than men.	☐	☐	☐	☐	☐
4. Women are more emotional than men.	☐	☐	☐	☐	☐
5. Men are more committed to their careers than women.	☐	☐	☐	☐	☐
6. Affirmative action is causing "reverse discrimination."	☐	☐	☐	☐	☐
7. Women are more collaborative than men.	☐	☐	☐	☐	☐
8. The entry of women is making medicine less rigorous.	☐	☐	☐	☐	☐
9. Men think more abstractly than women.	☐	☐	☐	☐	☐
10. Affirmative action is lowering standards.	☐	☐	☐	☐	☐
11. Men have greater scientific aptitude than women.	☐	☐	☐	☐	☐
12. Men are better suited to certain specialties than women.	☐	☐	☐	☐	☐
13. A male mentor would be more advantageous to my career than a female mentor.	☐	☐	☐	☐	☐
14. An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions.	☐	☐	☐	☐	☐
15. Recipients of sexual harassment can stop the behavior if they want to.	☐	☐	☐	☐	☐
16. Those who complain of sexual harassment generally have other motives.	☐	☐	☐	☐	☐
17. An attractive man can expect sexual harassment and should learn how to handle it.	☐	☐	☐	☐	☐
18. Sexual harassment has little to do with power.	☐	☐	☐	☐	☐
19. The issue of sexual harassment has been blown out of proportion.	☐	☐	☐	☐	☐
20. It is only natural to make sexual advances toward an attractive colleague.	☐	☐	☐	☐	☐
21. Few who experience sexual harassment are harmed by it.	☐	☐	☐	☐	☐
22. An attractive woman can expect sexual harassment and should learn how to handle it.	☐	☐	☐	☐	☐
23. Sexual harassment is decreasing in the medical school.	☐	☐	☐	☐	☐
24. An emphasis on sexual misconduct policy destroys a sense of community.	☐	☐	☐	☐	☐
25. The climate for female faculty has improved since I've been here.	☐	☐	☐	☐	☐
26. An action is not "sexist" unless it is intentional.	☐	☐	☐	☐	☐
27. Sexual harassment is harmful to the recipient's professional career.	☐	☐	☐	☐	☐
28. Faculty should <u>not</u> expect the traditional structure of academic medicine to change in order to accommodate their role as parents.	☐	☐	☐	☐	☐
29. There is little that one can do to make others stop bothering him/her sexually.	☐	☐	☐	☐	☐

Sex: male___ female___

Age___

Marital status: single___ married/permanent relationship___ separated/divorced___ widowed___

Children: yes___ no___

Academic rank:

___ Professor
___ Associate Professor
___ Assistant Professor
___ Instructor/Lecturer
___ Other

Promotional track:

___ University line
___ Medical Center line
___ Other

Status: full time___ part time___

How long have you been on the faculty of Stanford University School of Medicine?

___ 1-5 years
___ 6-10 years
___ More than 10 years

Administrative position (e.g., dean, course director, department head, division chief, section chief): yes___ no___

Have you received information regarding the procedure for reporting sexual harassment? yes___ no___

Did you respond to this survey last spring? yes___ no___

Other comments: _____

Please fold this survey in half, staple or tape, and return through ID mail before the end of May, 1995. Thank you!

**Merlynn Bergen, PhD
1000 Welch Road, Suite 1**

MC:0146

Results

1994 Medical Student Climate,
Experiences, Attitudes Surveys -- Item-by
item results

1995 Medical Student Climate,
Experiences, Attitudes Surveys -- Item-by
item results

1994 Medical Faculty Climate,
Experiences, Attitudes Surveys -- Item-by
item results

1995 Medical Faculty Climate,
Experiences, Attitudes Surveys -- Item-by
item results

Histograms of 1994-1995 Results for
Faculty and Students

ANOVAs for Faculty and Student data by
Year and Sex

Year (1994, 1995) x Group (faculty,
students) x Sex (male, female) ANOVAs

Stanford University School of Medicine

RESULTS OF A Climate Survey for Medical Students 1994

(N=116; Male N=58 Female N=58)

Please respond to each of the following items on the basis of what you believe/feel to be true at Stanford University School of Medicine (SUSM).

	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	
	M/F Missing	ALL Mean	M Mean	F Mean	p M/F
1. Everyone's opinion is respected. (PC) A	0/0	2.74	2.72	2.76	.79
2. Students in this school get to know each other really well. (A) A	0/0	2.87	2.74	3.00	.07
3. The procedure for reporting sexual harassment is well publicized. (SH) D	0/1	2.56	2.48	2.63	.32
4. Most faculty spend very little time just talking with students. (TS) D	0/0	2.51	2.48	2.53	.70
5. A person's gender is an important part of the way he/she is treated. (GD) A	1/0	2.46	2.40	2.52	.47
6. People are careful to use inclusive language (e.g., he/she, chairperson). (GI) D	1/2	2.23	2.11	2.36	.05
7. People are sometimes publicly belittled or humiliated. (PC) D	0/0	2.68	2.67	2.69	.91
8. Students in this school aren't very interested in getting to know other students. (A) D	0/0	3.21	3.21	3.21	1.0
9. Most faculty take a personal interest in students. (TS) A	0/1	2.54	2.43	2.65	.10
10. Classroom questions from women students are treated with less respect by faculty than those from men students. (GI) A	0/0	1.81	1.62	2.00	.004
11. People are treated with courtesy and respect. (PC) A	0/0	3.11	3.14	3.09	.56
12. A lot of friendships have been made in this school. (A) A	0/1	3.29	3.21	3.37	.14
13. People who make complaints of sexual harassment are protected from harmful consequences. (SH) D	16/16	2.56	2.43	2.69	.16
14. Most faculty are more like a friend than an authority. (TS) A	2/1	2.28	2.25	2.32	.61
15. Female students more than male students are asked intrusive questions about their personal life. (GD) A	11/4	2.09	1.85	2.30	.003
16. This environment makes me worry about what effect having a family might have on my career. (GI) A	2/3	2.57	2.38	2.76	.02
17. A lot of active mentoring goes on. (PC) A	0/2	2.27	2.31	2.23	.59
18. It's easy to get a group together for a project. (A) A	5/0	2.89	2.79	2.98	.09
19. Most faculty go out of their way to help students. (TS) A	3/2	2.50	2.45	2.54	.53
20. Men are encouraged to pursue certain fields in medicine that are seen as "appropriate" to their gender. (GD) A	1/5	2.24	2.07	2.42	.02
21. It's a "man's world" here. (GI) A	0/1	2.03	1.72	2.35	<.001
22. As medical schools go, ours is more open-minded. (PC) A	3/4	3.17	3.22	3.11	.41
23. Students enjoy working together on projects in this school. (A) A	2/1	3.14	3.09	3.19	.25
24. Remarks denigrating women are common. (SH) A	2/0	1.75	1.57	1.93	.004
25. Sometimes the teachers embarrass students for not knowing the right answer. (TS) D	2/1	2.66	2.63	2.70	.58
26. Women are favored over men in medical school admission. (GD) A	4/1	1.94	2.07	1.81	.03

	M/F Missing	ALL Mean	M Mean	F Mean	p M/F
27. The medical school environment is less comfortable than my undergraduate environment. (PC) D	0/0	2.90	2.88	2.91	.84
28. Students enjoy helping each other with assignments. (A) A	2/1	3.16	3.04	3.28	.008
29. Most faculty "talk down" to students. (TS) D	2/1	3.05	3.07	3.04	.65
30. Women are discouraged from entering certain specialties. (GD) A	5/4	2.18	2.00	2.35	.02
31. Women who speak out on issues of concern to them are labeled as troublemakers. (GI) A	3/3	2.32	2.18	2.45	.08
32. Curricular and administrative policies are inflexible. (PC) D	1/2	3.12	3.12	3.11	.91
33. Students don't have much of a chance to get to know each other in this school. (A) D	1/0	3.25	3.21	3.29	.48
34. Sexual harassment is a problem here. (SH) A	4/4	2.15	2.04	2.26	.13
35. If students want to talk about something most faculty will find time to do it. (TS) A	4/1	2.97	2.96	2.98	.85
36. Male students are more actively recruited for research projects than female students. (GD) A	7/8	1.81	1.67	1.96	.004
37. Male students are taken more seriously than female students. (GI) A	4/2	1.96	1.74	2.18	.002
38. This environment inspires the best academic performance. (PC) A	1/2	2.74	2.61	2.88	.07
39. It takes a long time to get to know everybody by his/her first name in this school. (A) D	1/0	3.10	2.98	3.22	.06
40. There is little blatant sexual harassment here. (SH) D	3/4	2.04	1.96	2.11	.34
41. Most faculty want to know what students themselves want to learn about. (TS) A	1/0	2.20	2.30	2.10	.16
42. Women are encouraged to pursue certain fields in medicine that are seen as "appropriate" to their gender. (GD) A	8/3	2.16	1.98	2.33	.02
43. The educational experience tends to make students feel anxious. (PC) D	3/0	2.47	2.40	2.53	.35
44. There are groups of students who don't get along here. (A) D	0/1	2.27	2.26	2.28	.84
45. There is support for those who have been sexually harassed. (SH) D	17/13	2.26	2.07	2.42	.01
46. Most faculty do not trust students. (TS) D	1/0	3.05	3.14	2.97	.11
47. There are enough appropriate role models for women students. (GI) D	5/1	2.92	2.70	3.12	.009
48. Some students in this school don't like each other. (A) D	0/1	1.96	1.91	2.00	.42
49. The administrators side with the faculty (not the student) in sexual harassment complaints. (SH) A	24/27	2.31	2.26	2.35	.62
50. Students have to watch what they say in this school. (TS) D	0/1	2.30	2.17	2.44	.06
51. Classroom responses/comments of men students are treated with more respect by faculty than those of women students. (GI) A	2/1	1.96	1.77	2.14	.003
52. Women are put down more than men in our classrooms. (GI) A	1/1	1.83	1.68	1.98	.007
53. Students put up with sexual harassment from faculty out of concern with grades or recommendations. (SH) A	10/8	2.39	2.17	2.60	.02
54. Women faculty members are highly visible here. (GI) D	2/1	2.81	2.48	3.12	<.001
55. I'd recommend SUSM to a prospective student of my gender. (GI) D	0/2	1.57	1.59	1.55	.78
56. Teachers use male examples as if they represent all persons. (GI) A	2/3	2.46	2.21	2.71	.001
57. Interactions with faculty that have sexual overtones are common. (SH) A	2/2	1.70	1.59	1.80	.03

If you have started your clerkships, please respond to the following five items:

	Strongly Disagree ☐ M/F N	Disagree ☐ ALL Mean	Agree ☐ M Mean	Strongly Agree ☐ F Mean	p M/F
58. Students are treated in a supportive manner in their clerkships. (PC) A	12/17	3.03	2.92	3.12	.48
59. During clerkships, responses/comments of men students are treated with more respect than those of women students. (GI) A	12/18	1.90	1.58	2.11	.08
60. Male faculty grade women students more leniently than men students during clerkships. (GI) A	11/16	1.89	1.82	1.94	.56
61. During clerkships, questions from female students are treated with less respect than those from male students. (GI) A	12/18	1.90	1.67	2.06	.15
62. Women students are put down more than men students during clerkships. (GI) A	11/18	1.90	1.55	2.11	.07
		ALL Mean	M Mean	F Mean	p M/F
POSITIVE CLIMATE (PC)		2.80	2.79	2.81	.80
CES AFFILIATION (A)		2.91	2.84	2.98	.02
CES TEACHER SUPPORT (TS)		2.60	2.59	2.62	.62
SEXUAL HARASSMENT (SH)		2.16	2.04	2.27	.009
GENDER DISCRIMINATION (GD)		2.14	2.04	2.25	.03
GENDER INSENSITIVITY (GI)		2.20	2.01	2.39	<.001
Clerkship PC (1 Item)		3.03	2.92	3.12	.48
Clerkship GI (4 Items)		1.89	1.67	2.03	.10

Indicate how frequently in the past year you have observed/experienced the following behaviors at SUSM, and by whom?

Missing data: M/F	How frequently?			By whom? (mark all that apply)			
	Never	Once	More than once	Faculty Member	TA/Staff	House Officer	Fellow Student
<u>How frequently have you observed</u>							
negative remarks about females as a group or jokes that "put down" women? 0/1	44 27/17	12 7/5	59 24/35	27 11/16	14 6/8	21 7/14	59 29/30
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures? 0/2	71 42/29	14 5/9	29 11/18	26 7/19	6 3/3	10 4/6	24 11/13
public displays of photographs, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women? 1/1	91 46/45	10 4/6	13 7/6	7 2/5	6 3/3	4 2/2	13 9/4
offensive gestures of a sexual nature? 1/2	100 47/53	3 3/0	10 7/3	3 3/0	3 2/1	3 2/1	11 9/2
those who support efforts to improve women's status being put down? 2/2	63 38/25	12 4/8	37 14/23	14 6/8	7 3/4	10 3/7	42 15/27
Total	369 200/169	51 23/28	148 63/85	77 29/48	36 17/19	48 18/30	149 73/76
Percent	65% 70/60%	9% 8/10%	26% 22/30%	25% 21/28%	12% 12/11%	15% 13/17%	48% 53/44%
.....							
<u>How frequently have you experienced</u>							
unwelcome sexually directed remarks about clothing, body, sexual activities? 0/0	91 53/38	11 4/7	14 1/13	7 0/7	3 1/2	4 0/4	17 5/12
unwanted verbal propositions to participate in sexual activity? 0/0	115 58/57	0 0/0	1 0/1	1 0/1	0 0/0	0 0/0	0 0/0
unwanted physical contact or proximity (e.g., cornering, leaning over)? 1/0	94 55/39	11 2/9	10 0/10	7 1/6	2 0/2	3 1/2	12 0/12
unwelcome letters, telephone calls, receipt of materials of a sexual nature? 0/0	112 58/54	0 0/0	4 0/4	1 0/1	0 0/0	1 0/1	1 0/1
staring, excessive eye contact? 0/1	94 53/41	3 2/1	18 3/15	7 1/6	3 2/1	6 1/5	12 4/8
discomfort caused by subtle pressure for sexual activity? 0/0	109 56/53	4 1/3	3 1/2	2 0/2	1 0/1	1 0/1	6 2/4
Total	615 333/282	29 9/20	50 5/45	25 2/23	9 3/6	15 2/13	48 11/37
Percent	89% 96/81%	4% 3/6%	7% 1/13%	26% 11/29%	9% 17/8%	15% 11/16%	50% 61/47%
.....							
sexual harassment? 0/0							
Total	107 57/50	2 1/1	7 0/7	6 0/6	2 0/2	3 0/3	4 1/3
Percent	92% 98/86%	2% 2/2%	6% 0/12%	40% 0/43%	13% 0/14%	20% 0/21%	27% 100/22%

If you have experienced any of the above behaviors, please respond to the following:

A. My experience(s) prompted the following action(s):

Mark all that apply M/F

- 48 ignored the behavior 16/32
- 29 avoided the person(s) 8/21
- 13 asked or told the person(s) to stop 5/8
- 14 threatened to tell or told peers 1/13
- 2 sought psychological counseling 0/2
- 5 reported the behavior to supervisor/ombudsperson 0/5
(i.e., sought informal resolution)
- 2 filed a formal complaint 0/2
- 0 entered consensual relationship with person(s)
- 0 entered coerced relationship with person(s)
- 6 none of the above 4/2

B. My experience(s) affected me as follows:

Mark all that apply M/F

- 14 caused me to have a sense of powerlessness 4/10
- 25 negatively affected my state of mind 5/20
- 3 negatively affected my health 0/3
- 28 negatively affected my relationship with the person(s) 10/18
- 9 caused me to worry about the impact on my academic future 0/9
- 11 negatively affected my feelings about medical school 2/9
- 8 negatively affected my school performance (even temporarily) 0/8
- 1 caused me to consider leaving medical school 0/1
- 5 influenced subsequent career decisions 1/4
- 18 had no effect 9/9
- 10 other (specify) 3/7

Indicate your agreement with the following statements:

Re: Gender Stereotyping

	Strongly Disagree ☐	☐	☐	Strongly Agree ☐	☐	
	M/F Missing	ALL Mean	M Mean	F Mean	p MF	
1. Men are more competitive than women.	1/1	2.53	2.42	2.63	.34	
2. Women are better suited to certain specialties than men.	1/1	2.63	2.70	2.56	.57	
3. Women are more emotional than men.	1/1	3.19	3.33	3.05	.20	
4. Men are more committed to their careers than women.	1/1	1.83	1.95	1.72	.24	
5. Women are more collaborative than men.	1/1	2.81	2.75	2.86	.60	
6. Men think more abstractly than women.	2/2	1.93	2.07	1.79	.11	
7. Men have greater scientific aptitude than women.	1/1	1.58	1.77	1.39	.01	
8. Men are better suited to certain specialties than women.	1/1	2.12	2.37	1.88	.03	
9. A male mentor would be more advantageous to my career than a female mentor.	1/1	2.15	2.46	1.84	.005	

Re: Sexual Harassment

10. An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions.	1/1	2.14	2.65	1.63	<.001	
11. Recipients of sexual harassment can stop the behavior if they want to.	2/2	2.21	2.36	2.05	.19	
12. Those who complain of sexual harassment generally have other motives.	3/2	1.65	1.91	1.39	.001	
13. An attractive man can expect sexual harassment and should learn how to handle it.	1/2	2.10	2.35	1.84	.03	
14. Sexual harassment has little to do with power.	1/2	1.66	1.70	1.63	.64	
15. The issue of sexual harassment has been blown out of proportion.	2/2	2.42	2.73	2.11	.01	
16. It is only natural to make sexual advances toward an attractive fellow student.	1/1	1.79	2.14	1.44	<.001	
17. Few who experience sexual harassment are harmed by it.	2/2	1.68	1.75	1.61	.39	
18. An attractive woman can expect sexual harassment and should learn how to handle it.	3/3	2.06	2.27	1.85	.09	
19. Sexual harassment is decreasing in the medical school.	2/5	3.10	3.20	3.00	.29	
20. An emphasis on sexual misconduct policy destroys a sense of community.	2/2	2.05	2.45	1.66	<.001	
21. The climate for women students has improved since I've been here.	8/3	3.06	3.08	3.04	.80	
22. An action is not "sexist" unless it is intentional.	3/3	1.95	2.29	1.60	<.001	
23. There is little that one can do to make others stop bothering him/her sexually.	2/2	1.83	1.75	1.91	.27	

Sex: male 58 female 58 (119 returned (116 had M/F designation); 455 sent--26% return rate)

Age 25.6 years m=25.6 f=25.6

Marital status: single 81 married/permanent relationship 32 separated/divorced 1 widowed 0
male 47 11 0
female 34 21 1

Children: yes 9 no 98
male 4 49
female 5 49

Educational status:

25 1st year medical student m=10 f=15
27 2nd year m=19 f=8
31 3rd year m=13 f=18
11 4th year m=4 f=7
15 5th year m=7 f=8
5 5th year + m=4 f=1

Number of clerkship months you have completed: 3.7 months m=3.1 f=4.2

If you are a US citizen or permanent resident, your ethnic background is:

7 African-American m=4 f=3
0 American Indian/Native American m=0 f=0
28 Asian-American m=17 f=11
63 Caucasian m=29 f=34
5 Chicano/Latino or Chicana/Latina m=1 f=4
7 other: _____ m=4 f=3
0 not a citizen or permanent resident m=0 f=0

Gender ratio in current living arrangement

19 all women m=0 f=19
0 majority women m=0 f=0
36 coed m=19 f=17
6 majority men m=6 f=0
14 all men m=14 f=0

Check each type of program regarding sexual harassment or gender insensitivity you have attended:

workshop 20 lecture 29 discussion group 29 other 9 none 60
male 8 14 12 5 30
female 12 15 17 4 30

Have you attended any such program outside Stanford? yes 37 no 75
m=20 m=37
f=17 f=38

Have you received information regarding the procedure for reporting sexual harassment? yes 72 no 37
m=40 m=17
f=32 f=20

Stanford University School of Medicine

RESULTS OF A Climate Survey for Medical Students 1995

(N=112; Male N=60 Female N=52)

Please respond to each of the following items on the basis of what you believe/feel to be true at Stanford University School of Medicine (SUSM).

	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	p
	M/F Missing	ALL Mean	M Mean	F Mean	M/F
1. Everyone's opinion is respected. (PC) A	0/0	2.94	2.98	2.88	.52
2. Students in this school get to know each other really well. (A) A	1/0	2.83	2.83	2.83	.98
3. The procedure for reporting sexual harassment is well publicized. (SH) D	1/0	2.20	2.15	2.25	.54
4. Most faculty spend very little time just talking with students. (TS) D	0/1	2.40	2.40	2.39	.96
5. A person's gender is an important part of the way he/she is treated. (GD) A	4/0	2.35	2.20	2.52	.04
6. People are careful to use inclusive language (e.g., he/she, chairperson). (GI) D	1/0	2.21	2.03	2.40	.01
7. People are sometimes publicly belittled or humiliated. (PC) D	0/0	2.63	2.83	2.38	.004
8. Students in this school aren't very interested in getting to know other students. (A) D	0/0	3.13	3.17	3.08	.52
9. Most faculty take a personal interest in students. (TS) A	0/2	2.52	2.55	2.48	.65
10. Classroom questions from women students are treated with less respect by faculty than those from men students. (GI) A	3/0	1.73	1.54	1.94	.006
11. People are treated with courtesy and respect. (PC) A	0/0	3.18	3.15	3.21	.56
12. A lot of friendships have been made in this school. (A) A	1/0	3.26	3.22	3.31	.54
13. People who make complaints of sexual harassment are protected from harmful consequences. (SH) D	10/14	2.43	2.26	2.66	.02
14. Most faculty are more like a friend than an authority. (TS) A	0/1	2.25	2.32	2.18	.29
15. Female students more than male students are asked intrusive questions about their personal life. (GD) A	3/3	1.95	1.68	2.27	<.001
16. This environment makes me worry about what effect having a family might have on my career. (GI) A	2/1	2.58	2.29	2.90	<.001
17. A lot of active mentoring goes on. (PC) A	2/0	2.32	2.26	2.38	.41
18. It's easy to get a group together for a project. (A) A	5/2	2.91	2.93	2.90	.84
19. Most faculty go out of their way to help students. (TS) A	3/1	2.60	2.67	2.53	.34
20. Men are encouraged to pursue certain fields in medicine that are seen as "appropriate" to their gender. (GD) A	2/5	2.16	1.91	2.47	.001
21. It's a "man's world" here. (GI) A	1/1	1.96	1.76	2.20	.003
22. As medical schools go, ours is more open-minded. (PC) A	3/3	3.30	3.33	3.27	.61
23. Students enjoy working together on projects in this school. (A) A	1/4	3.15	3.08	3.23	.25
24. Remarks denigrating women are common. (SH) A	1/1	1.73	1.58	1.90	.01
25. Sometimes the teachers embarrass students for not knowing the right answer. (TS) D	0/1	2.63	2.67	2.59	.60
26. Women are favored over men in medical school admission. (GD) A	2/1	1.85	1.95	1.75	.15

	M/F Missing	ALL Mean	M Mean	F Mean	p M/F
27. The medical school environment is less comfortable than my undergraduate environment. (PC) D	0/1	2.72	2.57	2.90	.08
28. Students enjoy helping each other with assignments. (A) A	2/0	3.24	3.21	3.27	.60
29. Most faculty "talk down" to students. (TS) D	1/2	2.95	2.98	2.92	.51
30. Women are discouraged from entering certain specialties. (GD) A	4/2	2.25	1.82	2.30	.001
31. Women who speak out on issues of concern to them are labeled as troublemakers. (GI) A	3/3	2.32	2.11	2.57	.007
32. Curricular and administrative policies are inflexible. (PC) D	1/1	3.17	3.20	3.14	.59
33. Students don't have much of a chance to get to know each other in this school. (A) D	1/0	3.17	3.10	3.25	.34
34. Sexual harassment is a problem here. (SH) A	2/3	2.01	1.91	2.12	.14
35. If students want to talk about something most faculty will find time to do it. (TS) A	2/1	2.93	2.98	2.86	.38
36. Male students are more actively recruited for research projects than female students. (GD) A	7/3	1.80	1.55	2.08	<.001
37. Male students are taken more seriously than female students. (GI) A	3/5	1.89	1.61	2.23	<.001
38. This environment inspires the best academic performance. (PC) A	1/1	2.74	2.71	2.76	.74
39. It takes a long time to get to know everybody by his/her first name in this school. (A) D	1/0	3.02	3.00	3.04	.79
40. There is little blatant sexual harassment here. (SH) D	2/1	2.05	2.00	2.10	.56
41. Most faculty want to know what students themselves want to learn about. (TS) A	3/2	2.22	2.30	2.14	.22
42. Women are encouraged to pursue certain fields in medicine that are seen as "appropriate" to their gender. (GD) A	5/2	2.00	1.85	2.16	.04
43. The educational experience tends to make students feel anxious. (PC) D	2/0	2.40	2.48	2.31	.24
44. There are groups of students who don't get along here. (A) D	2/2	2.30	2.26	2.34	.62
45. There is support for those who have been sexually harassed. (SH) D	9/10	2.12	1.94	2.33	.004
46. Most faculty do not trust students. (TS) D	4/3	3.14	3.16	3.12	.72
47. There are enough appropriate role models for women students. (GI) D	6/0	2.71	2.43	3.00	<.001
48. Some students in this school don't like each other. (A) D	1/0	2.00	1.98	2.02	.79
49. The administrators side with the faculty (not the student) in sexual harassment complaints. (SH) A	19/24	2.19	2.17	2.21	.81
50. Students have to watch what they say in this school. (TS) D	1/2	2.33	2.29	2.38	.57
51. Classroom responses/comments of men students are treated with more respect by faculty than those of women students. (GI) A	3/2	1.86	1.61	2.14	<.001
52. Women are put down more than men in our classrooms. (GI) A	2/2	1.76	1.57	1.98	.001
53. Students put up with sexual harassment from faculty out of concern with grades or recommendations. (SH) A	6/10	2.19	2.07	2.33	.12
54. Women faculty members are highly visible here. (GI) D	3/0	2.61	2.39	2.87	.002
55. I'd recommend SUSM to a prospective student of my gender. (GI) D	3/1	1.51	1.44	1.59	.24
56. Teachers use male examples as if they represent all persons. (GI) A	1/2	2.43	2.20	2.70	.002
57. Interactions with faculty that have sexual overtones are common. (SH) A	4/1	1.69	1.55	1.84	.01

If you have started your clerkships, please respond to the following five items:

	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐	
	M/F N	ALL Mean	M Mean	F Mean	p MF
58. Students are treated in a supportive manner in their clerkships. (PC) A	15/20	2.77	2.93	2.65	.29
59. During clerkships, responses/comments of men students are treated with more respect than those of women students. (GI) A	15/19	2.29	1.87	2.63	.02
60. Male faculty grade women students more leniently than men students during clerkships. (GI) A	14/18	1.97	2.00	1.94	.81
61. During clerkships, questions from female students are treated with less respect than those from male students. (GI) A	15/20	2.11	1.87	2.30	.15
62. Women students are put down more than men students during clerkships. (GI) A	15/20	1.97	1.87	2.05	.48
		ALL Mean	M Mean	F Mean	p MF
POSITIVE CLIMATE (PC)		2.82	2.84	2.80	.67
CES AFFILIATION (A)		2.90	2.88	2.93	.60
CES TEACHER SUPPORT (TS)		2.59	2.61	2.56	.51
SEXUAL HARASSMENT (SH)		2.04	1.94	2.15	.02
GENDER DISCRIMINATION (GD)		2.03	1.87	2.21	<.001
GENDER INSENSITIVITY (GI)		2.14	1.92	2.38	<.001
Clerkship PC (1 Item)		2.77	2.93	2.65	.29
Clerkship GI (4 Items)		2.06	1.88	2.19	.16

Indicate how frequently in the past year you have observed/experienced the following behaviors at SUSM, and by whom?

Missing data: M/F	How frequently?			By whom? (mark all that apply)			
	Never	Once	More than once	Faculty Member	TA/Staff	House Officer	Fellow Student
<u>How frequently have you observed.</u>							
negative remarks about females as a group or jokes that "put down" women? 0/1	54 35/19	20 9/11	37 16/21	31 12/19	9 3/6	14 6/8	40 19/21
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures? 0/0	69 42/27	18 9/9	25 9/16	24 7/17	5 1/4	10 3/7	24 13/11
public displays of photographs, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women? 0/0	97 51/46	8 6/2	7 3/4	2 1/1	5 1/4	3 1/2	6 5/1
offensive gestures of a sexual nature? 1/0	97 53/44	5 2/3	9 4/5	3 1/2	2 1/1	2 0/2	11 5/6
those who support efforts to improve women's status being put down? 0/0	76 45/31	12 6/6	24 9/15	16 5/11	6 1/5	5 3/2	27 13/14
Total	393 226/167	63 32/31	102 41/61	76 26/50	27 7/20	34 13/21	108 55/53
Percent	71% 75/64%	11% 11/12%	18% 14/24%	31% 26/35%	11% 7/14%	14% 13/14%	44% 54/37%
.....							
<u>How frequently have you experienced.</u>							
unwelcome sexually directed remarks about clothing, body, sexual activities? 1/0	96 53/43	6 2/4	9 4/5	3 1/2	2 0/2	3 0/3	11 6/5
unwanted verbal propositions to participate in sexual activity? 1/1	105 57/48	1 1/0	4 1/3	1 0/1	1 0/1	1 0/1	5 2/3
unwanted physical contact or proximity (e.g., cornering, leaning over)? 0/1	96 56/40	9 2/7	6 2/4	5 0/5	2 0/2	3 1/2	7 3/4
unwelcome letters, telephone calls, receipt of materials of a sexual nature? 0/1	108 60/48	1 0/1	2 0/2	2 0/2	1 0/1	0 0/0	1 0/1
staring, excessive eye contact? 0/1	91 51/40	3 2/1	17 7/10	10 2/8	1 0/1	9 4/5	9 6/3
discomfort caused by subtle pressure for sexual activity? 0/0	107 57/50	2 2/0	3 1/2	1 0/1	1 0/1	0 0/0	4 3/1
Total	603 334/269	22 9/13	41 15/26	22 3/19	8 0/8	16 5/11	37 20/17
Percent	91% 93/87%	3% 3/4%	6% 4/9%	26% 11/34%	10% 0/15%	19% 18/20%	45% 71/31%
.....							
sexual harassment? 0/2	98 55/43	3 2/1	9 3/6	5 1/4	2 1/1	1 0/1	7 3/4
Percent	89% 92/86%	3% 3/2%	8% 5/12%	33% 20/40%	13% 20/10%	7% 0/10%	47% 60/40%

If you have experienced any of the above behaviors, please respond to the following:

A. My experience(s) prompted the following action(s):

Mark all that apply M/F

- 36 ignored the behavior 13/23
- 20 avoided the person(s) 7/13
- 12 asked or told the person(s) to stop 3/9
- 6 threatened to tell or told peers 1/5
- 1 sought psychological counseling 1/0
- 4 reported the behavior to supervisor/ombudsperson 1/3
(i.e., sought informal resolution)
- 2 filed a formal complaint 1/1
- 2 entered consensual relationship with person(s) 1/1
- 0 entered coerced relationship with person(s)
- 5 none of the above 4/1

B. My experience(s) affected me as follows:

Mark all that apply M/F

- 8 caused me to have a sense of powerlessness 2/6
- 15 negatively affected my state of mind 5/10
- 2 negatively affected my health 1/1
- 17 negatively affected my relationship with the person(s) 7/10
- 5 caused me to worry about the impact on my academic future 3/2
- 10 negatively affected my feelings about medical school 4/6
- 5 negatively affected my school performance (even temporarily) 2/3
- 2 caused me to consider leaving medical school 1/1
- 5 influenced subsequent career decisions 1/4
- 18 had no effect 6/12
- 6 other (specify) 3/3

BEST COPY AVAILABLE

Indicate your agreement with the following statements:

Re: Gender Stereotyping

	Strongly Disagree ☐	☐	☐	Strongly Agree ☐	☐	
	M/F	ALL	M	F	p	
	Missing	Mean	Mean	Mean	MF	
1. Men are more competitive than women.	0/0	2.53	2.45	2.62	.45	
2. Women are better suited to certain specialties than men.	0/0	2.54	2.65	2.42	.36	
3. Women are more emotional than men.	0/0	3.09	3.05	3.13	.70	
4. Men are more committed to their careers than women.	0/0	1.85	1.83	1.87	.85	
5. Women are more collaborative than men.	0/1	2.91	2.78	3.06	.23	
6. Men think more abstractly than women.	0/0	1.95	1.98	1.90	.62	
7. Men have greater scientific aptitude than women.	0/0	1.49	1.53	1.44	.53	
8. Men are better suited to certain specialties than women.	0/0	2.12	2.17	2.06	.63	
9. A male mentor would be more advantageous to my career than a female mentor.	1/0	1.96	1.97	1.96	.98	

Re: Sexual Harassment

10. An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions.	1/0	2.09	2.49	1.63	<.001
11. Recipients of sexual harassment can stop the behavior if they want to.	1/2	2.10	2.05	2.16	.61
12. Those who complain of sexual harassment generally have other motives.	1/0	1.68	1.83	1.52	.03
13. An attractive man can expect sexual harassment and should learn how to handle it.	1/0	1.91	2.12	1.67	.03
14. Sexual harassment has little to do with power.	0/0	1.46	1.55	1.35	.10
15. The issue of sexual harassment has been blown out of proportion.	0/1	2.41	2.58	2.22	.11
16. It is only natural to make sexual advances toward an attractive fellow student.	1/1	1.82	2.07	1.53	.008
17. Few who experience sexual harassment are harmed by it.	0/1	1.63	1.77	1.47	.06
18. An attractive woman can expect sexual harassment and should learn how to handle it.	1/1	1.88	2.07	1.67	.07
19. Sexual harassment is decreasing in the medical school.	0/3	3.35	3.67	2.96	<.001
20. An emphasis on sexual misconduct policy destroys a sense of community.	0/1	2.18	2.37	1.96	.07
21. The climate for women students has improved since I've been here.	2/2	3.06	3.29	2.78	.001
21a. The climate for women students has improved since I've been here.	2/1	2.73	2.71	2.76	.70
21b. The climate for men students has improved since I've been here.	1/2	2.84	2.92	2.76	.38
22. An action is not "sexist" unless it is intentional.	0/0	1.68	1.97	1.35	<.001
23. There is little that one can do to make others stop bothering him/her sexually.	1/1	1.79	1.73	1.86	.42

Gender: male 60 female 52 (117 returned (112 had M/F designation); 445 sent--26% return rate)

Age 25.8 years m=26.2 f=25.4

Marital status: single 79 married/permanent relationship 32 separated/divorced 1 widowed 0
male 44 15 1
female 35 17 0

Children: yes 10 no 96
male 6 52
female 4 44

Educational status:

29 1st year medical student m=15 f=14
13 2nd year m=11 f=8
26 3rd year m=15 f=11
18 4th year m=10 f=8
12 5th year m=4 f=8
6 5th year+ m=4 f=2

Number of clerkship months you have completed: 4.6 months m=3.8 f=5.6

If you are a US citizen or permanent resident, your ethnic background is:

6 African-American m=4 f=2
1 American Indian/Native American m=1 f=0
24 Asian-American m=12 f=12
56 Caucasian m=26 f=30
8 Chicano/Latino or Chicana/Latina m=7 f=3
0 other: m=2 f=0
0 not a citizen or permanent resident

Have you received information regarding the procedure for reporting sexual harassment? yes 89 no 14
m=47 m=8
f=42 f=6

Did you respond to this survey last spring? yes 55 no 43
m=31 m=23
f=24 f=20

Stanford University School of Medicine

RESULTS OF A Climate Survey for Medical Faculty 1994

(N=220; Male N=171 Female N=49)

Please respond to each of the following items on the basis of what you believe/feel to be true at Stanford University School of Medicine (SUSM)

	Strongly Disagree		Strongly Agree		p
	Disagree	Agree	Disagree	Agree	
	☐	☐	☐	☐	
	M/F	ALL	M	F	p
	Missing	Mean	Mean	Mean	M/F
D items scored: 4 3 2 1 A items scored: 1 2 3 4					
1. Everyone's opinion is respected. (PC) A	2/2	2.28	2.37	1.98	.003
2. There is a feeling of unity and cohesion in this school. (C) A	1/0	1.92	1.97	1.73	.04
3. The procedure for reporting sexual harassment is well publicized. (SH) D	0/0	2.11	1.96	2.63	<.001
4. A person's gender is an important part of the way he/she is treated. (GD) A	4/0	2.50	2.34	3.02	<.001
5. Women find it harder to find a mentor than men do. (GI) A	11/1	2.55	2.36	3.19	<.001
6. People are careful to use inclusive language (e.g., he/she, chairperson). (GI) D	3/0	2.37	2.27	2.69	<.001
7. There is very little group spirit among people in this school. (C) D	1/0	2.09	2.09	2.08	.92
8. Campus media give adequate coverage to women's activities and issues of concern to women. (GI) D	1/1	1.92	1.83	2.25	<.001
9. Women are expected to defer to men. (GI) A	2/0	1.86	1.67	2.51	<.001
10. People are treated with courtesy and respect. (PC) A	1/2	2.72	2.81	2.40	.001
11. There is a strong feeling of belongingness in this school. (C) A	4/0	2.06	2.13	1.84	.01
12. People who make complaints of sexual harassment are protected from harmful consequences. (SH) D	18/1	2.41	2.23	2.98	<.001
13. Women more than men are asked intrusive questions about their personal life. (GD) A	9/1	2.25	2.09	2.81	<.001
14. Female faculty members are highly visible here. (GI) D	4/0	2.41	2.26	2.90	<.001
15. A lot of active mentoring goes on. (PC) A	6/0	2.20	2.36	1.65	<.001
16. People in this school feel close to each other. (C) A	2/2	1.92	1.98	1.68	.003
17. Women are discriminated against in the promotion process. (GD) A	9/1	2.10	1.96	2.60	<.001
18. I'd recommend SUSM to a prospective faculty member of my gender (GI) D	5/3	2.13	2.05	2.41	.003
19. It's a "man's world" here. (GI) A	4/2	2.21	1.99	2.96	<.001
20. As medical schools go, ours is more open-minded. (PC) A	11/3	2.70	2.79	2.37	.001
21. People put a lot of energy into this school. (C) A	2/0	2.94	2.96	2.90	.60
22. Remarks denigrating women are common. (SH) A	3/1	1.86	1.76	2.21	<.001
23. Men are more actively recruited for faculty positions than women. (GD) A	6/1	2.12	1.90	2.88	<.001
24. Students consider female faculty less credible than male faculty. (GI) A	13/2	1.90	1.72	2.51	<.001
25. There's a lot of collaboration among the faculty. (PC) A	3/0	2.34	2.39	2.16	.07
26. A lot of people just seem to be passing time in this school. (C) D	3/0	2.94	2.98	2.82	.16
27. Qualified men are given more career opportunities than qualified women. (GD) A	5/1	2.23	1.96	3.17	<.001
28. Women are adequately represented as visiting professors or among those invited to lecture. (GI) D	10/0	2.48	2.30	3.06	<.001

D items scored: 4 3 2 1	A items scored: 1 2 3 4	M/F Missing	ALL Mean	M Mean	F Mean	p M/F
29. Women who speak out on issues of concern to them are labeled as troublemakers. (GI) A		4/1	2.42	2.17	3.31	<.001
30. The schedule of work activities is sensitive to people's non-work commitments. (PC) A		5/1	2.11	2.17	1.92	.04
31. People are very proud of this school. (C) A		1/0	2.95	2.98	2.88	.34
32. Sexual harassment is a problem here. (SH) A		2/1	2.34	2.24	2.69	<.001
33. There is gender-equity in salaries. (GD) D		26/2	2.51	2.30	3.15	<.001
34. A woman's professional activity is seen as less important than a man's. (GI) A		2/2	2.15	1.94	2.89	<.001
35. Men's opinions are taken more seriously than women's. (GI) A		2/1	2.21	1.96	3.06	<.001
36. Taking time off for family is seen as a lack of commitment. (PC) D		0/0	2.35	2.47	1.94	<.001
37. This is a rather apathetic place. (C) D		2/0	2.85	2.87	2.80	.56
38. There is little blatant sexual harassment here. (SH) D		7/0	2.19	2.16	2.29	.32
39. The climate for women faculty varies among departments. (GI) A		12/0	3.16	3.11	3.33	.007
40. Individual talents are recognized and encouraged. (PC) A		2/1	2.77	2.86	2.46	.001
41. This school is a good place to make friends. (C) A		2/1	2.31	2.37	2.08	.02
42. There is support for those who have been sexually harassed. (SH) D		25/4	2.29	2.12	2.82	<.001
43. Women's views are represented fairly on major committees. (GD) D		11/1	2.25	2.10	2.77	<.001
44. Women are interrupted at meetings more often than men. (GI) A		12/3	2.24	2.02	3.02	<.001
45. There are enough appropriate role models for women. (GI) D		9/0	2.93	2.79	3.39	<.001
46. The clinical workload is less for men than for women. (GD) A		24/9	1.87	1.68	2.55	<.001
47. Women are assigned more committee work than men. (GD) A		21/3	2.28	2.12	2.80	<.001
48. In my department, there is equal access for both male and female faculty to space, laboratory support staff and/or other resources. (GD) D		11/0	2.06	1.89	2.63	<.001
49. Men are more likely than women to receive helpful career advice from their supervisors. (GI) A		10/0	2.31	2.07	3.10	<.001
50. There tends to be a condescending attitude toward female physicians and scientists. (GI) A		4/1	2.09	1.88	2.83	<.001

POSITIVE CLIMATE (PC)	ALL	M	F	p
	2.43	2.53	2.11	<.001
GES COHESION (C)	2.44	2.48	2.32	.05
SEXUAL HARASSMENT (SH)	2.20	2.08	2.60	<.001
GENDER DISCRIMINATION (GD)	2.22	2.04	2.86	<.001
GENDER INSENSITIVITY (GI)	2.31	2.14	2.91	<.001

Indicate how frequently in the past year you have observed/experienced the following behaviors at SUSM, and by whom?

Missing data: M/F	How frequently?			By whom? (mark all that apply)			
	Never	Once	More than once	Faculty Member	Staff	House Officer	Student
<u>How frequently have you observed</u>							
negative remarks about females as a group or jokes that "put down" women? 3/0	107 101/6	22 17/5	88 50/38	91 54/37	45 34/11	43 28/15	20 15/5
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures? 4/1	148 131/17	16 11/5	51 25/26	54 27/27	22 14/8	19 14/5	13 8/5
public displays of photographs, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women? 1/0	182 141/41	21 13/8	16 16/0	15 10/5	22 19/3	7 7/0	14 14/0
offensive gestures of a sexual nature? 4/1	198 158/40	5 1/4	12 8/4	16 9/7	5 5/0	7 6/1	6 6/0
those who support efforts to improve women's status being put down? 1/1	146 134/12	19 11/8	53 25/28	63 29/34	21 13/8	16 7/9	6 5/1
Total	781 665/116	83 53/30	220 124/96	239 129/110	115 85/30	92 62/30	59 48/11
Percent	72% 79/48%	8% 6/12%	20% 15/40%	47% 40/61%	23% 26/16%	18% 19/17%	12% 15/6%
.....							
<u>How frequently have you experienced</u>							
unwelcome sexually directed remarks about clothing, body, sexual activities? 2/0	186 151/35	12 8/4	20 10/10	22 9/13	16 12/4	2 2/0	6 4/2
unwanted verbal propositions to participate in sexual activity? 1/0	216 167/49	1 1/0	2 2/0	1 1/0	2 2/0	1 1/0	3 3/0
unwanted physical contact or proximity (e.g., cornering, leaning over)? 1/0	195 158/37	8 3/5	16 9/7	15 3/12	8 7/1	2 1/1	5 5/0
unwelcome letters, telephone calls, receipt of materials of a sexual nature? 2/0	209 162/47	7 5/2	2 2/0	2 1/1	4 4/0	1 1/0	2 2/0
staring, excessive eye contact? 2/2 158/43	201 3/1	4 8/3	11 7/5	12 7/1	8 3/0	3 7/0	7
discomfort caused by subtle pressure for sexual activity? 1/0	213 164/49	3 3/0	3 3/0	3 3/0	6 5/1	3 3/0	3 3/0
Total	1220 960/260	35 23/12	54 34/20	55 24/31	44 37/7	12 11/1	26 24/2
Percent	93% 95/89%	3% 2/4%	4% 3/7%	40% 25/76%	32% 39/17%	9% 11/2%	19% 25/5%
.....							
sexual harassment? 3/1	201 161/40	7 5/2	8 2/6	12 4/8	6 3/3	3 3/0	1 1/0
Percent	93% 96/83%	3% 3/4%	4% 1/13%	54% 37/73%	27% 27/27%	14% 27/0%	5% 9/0%

If you have experienced any of the above behaviors, please respond to the following:

A. My experience(s) prompted the following action(s):

Mark all that apply M/F

- 53 ignored the behavior 28/25
- 25 avoided the person(s) 12/13
- 25 asked or told the person(s) to stop 12/13
- 3 threatened to tell or told peers 2/1
- 3 sought psychological counseling 2/1
- 7 reported the behavior to supervisor/ombudsperson 3/4
(i.e., sought informal resolution)
- 2 filed a formal complaint 1/1
- 1 entered consensual relationship with person(s) 1/0
- 0 entered coerced relationship with person(s)
- 8 none of the above 6/2

B. My experience(s) affected me as follows:

Mark all that apply M/F

- 13 caused me to have a sense of powerlessness 3/10
- 17 negatively affected my state of mind 7/10
- 4 negatively affected my health 2/2
- 26 negatively affected my relationship with the person(s) 13/13
- 8 caused me to worry about the impact on my academic future 4/4
- 17 negatively affected my feelings about SUSM 7/10
- 7 negatively affected my job performance (even temporarily) 4/3
- 6 caused me to consider leaving my job 2/4
- 2 influenced subsequent career decisions 2/0
- 31 had no effect 26/5
- 6 other (specify) 3/3

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Indicate your agreement with the following statements:

	Strongly Disagree ☐	☐	☐	Strongly Agree ☐	☐
	M/F Missing	ALL Mean	M Mean	F Mean	p M/F
1. Men are more competitive than women.	0/1	2.84	2.78	3.08	.12
2. The entry of women is humanizing medicine.	1/1	3.65	3.53	4.08	.001
3. Women are better suited to certain specialties than men.	1/1	2.85	2.83	2.92	.67
4. Women are more emotional than men.	1/1	3.02	2.96	3.23	.11
5. Men are more committed to their careers than women.	0/1	2.37	2.50	1.92	.001
6. Affirmative action is causing "reverse discrimination."	2/2	2.96	3.12	2.38	<.001
7. Women are more collaborative than men.	2/1	2.88	2.72	3.44	<.001
8. The entry of women is making medicine less rigorous.	0/2	1.80	1.85	1.60	.08
9. Men think more abstractly than women.	1/3	2.11	2.12	2.04	.61
10. Affirmative action is lowering standards.	1/1	2.43	2.56	1.96	.001
11. Men have greater scientific aptitude than women.	0/1	1.71	1.79	1.42	.004
12. Men are better suited to certain specialties than women.	2/1	2.51	2.54	2.42	.54
13. A male mentor would be more advantageous to my career than a female mentor.	4/3	2.19	2.17	2.26	.59
14. An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions.	2/1	2.37	2.53	1.81	<.001
15. Recipients of sexual harassment can stop the behavior if they want to.	3/1	2.56	2.65	2.23	.01
16. Those who complain of sexual harassment generally have other motives.	2/1	2.13	2.29	1.58	<.001
17. An attractive man can expect sexual harassment and should learn how to handle it.	3/1	2.20	2.36	1.65	<.001
18. Sexual harassment has little to do with power.	3/1	1.85	1.98	1.42	<.001
19. The issue of sexual harassment has been blown out of proportion.	2/1	2.77	3.05	1.81	<.001
20. It is only natural to make sexual advances toward an attractive colleague.	1/1	1.68	1.80	1.27	<.001
21. Few who experience sexual harassment are harmed by it.	2/2	1.93	2.07	1.43	<.001
22. An attractive woman can expect sexual harassment and should learn how to handle it.	4/1	2.15	2.30	1.63	<.001
23. Sexual harassment is decreasing in the medical school.	13/2	3.45	3.53	3.17	.01
24. An emphasis on sexual misconduct policy destroys a sense of community.	3/3	2.22	2.42	1.50	<.001
25. The climate for female faculty has improved since I've been here.	7/1	3.55	3.63	3.25	.02
26. An action is not "sexist" unless it is intentional.	4/2	2.19	2.34	1.66	<.001
27. Sexual harassment is harmful to the recipient's professional career.	4/3	3.66	3.53	4.11	.001
28. Faculty should <u>not</u> expect the traditional structure of academic medicine to change in order to accommodate their role as parents.	4/1	2.10	2.22	1.69	.001
29. There is little that one can do to make others stop bothering him/her sexually.	3/1	1.66	1.64	1.73	.35

Gender: male 171 female 49 (223 returned (220 has M/F designation); 499 sent--45% return rate)

Age 47.5 years m=48.4 f=44.1 (p=.006)

Marital status: single 14 married/permanent relationship 192 separated/divorced 12 widowed 2

male 9 153 8 1

female 5 39 4 1

Children: yes 187 no 32

male 149 21

female 38 11

Academic rank:

98 Professor m=85 f=13

54 Associate Professor m=45 f=9

65 Assistant Professor m=39 f=26

0 Other

Promotional track:

145 University line m=111 f=34

56 Medical center line m=44 f=12

16 Other m=13 f=3

Status:

212 full time m=165 f=47

6 part time m=5 f=1

How long have you been at Stanford University School of Medicine?

81 1-5 years m=56 f=25

35 6-10 years m=25 f=10

104 More than 10 years m=90 f=14

Administrative position:

94 yes m=81 f=13

112 no m=78 f=34

Check each type of program regarding sexual harassment or gender insensitivity you have attended:

workshop 60 retreat 51 lecture 43 discussion group 44 other 9 none 95

male 38 27 31 28 7 83

female 22 24 12 16 2 12

Have you attended any such program outside Stanford? yes 41 no 174

m=33 m=134

f=8 f= 40

Have you received information regarding the procedure for reporting sexual harassment? yes 184 no 23

m=148 m=12

f=36 f=11

Stanford University School of Medicine

RESULTS OF A Climate Survey for Medical Faculty 1995

(N=190; Male N=141 Female N=49)

Please respond to each of the following items on the basis of what you believe/feel to be true at Stanford University School of Medicine (SUSM).

	Strongly Disagree		Strongly Agree		p
	☐	☐	☐	☐	
	M/F	ALL	M	F	
D items scored: 4 3 2 1	Missing	Mean	Mean	Mean	MF
A items scored: 1 2 3 4					
1. Everyone's opinion is respected. (PC) A	3/0	2.44	2.49	2.31	.13
2. There is a feeling of unity and cohesion in this school. (C) A	1/0	2.04	2.05	2.02	.80
3. The procedure for reporting sexual harassment is well publicized. (SH) D	1/1	1.82	1.72	2.13	.001
4. A person's gender is an important part of the way he/she is treated. (GD) A	0/0	2.47	2.30	2.94	<.001
5. Women find it harder to find a mentor than men do. (GI) A	12/2	2.40	2.23	2.87	<.001
6. People are careful to use inclusive language (e.g., he/she, chairperson). (GI) D	2/1	2.24	2.14	2.52	<.001
7. There is very little group spirit among people in this school. (C) D	0/0	2.29	2.29	2.31	.91
8. Campus media give adequate coverage to women's activities and issues of concern to women. (GI) D	1/4	1.90	1.83	2.13	.002
9. Women are expected to defer to men. (GI) A	0/1	1.76	1.58	2.27	<.001
10. People are treated with courtesy and respect. (PC) A	2/0	2.81	2.86	2.65	.04
11. There is a strong feeling of belongingness in this school. (C) A	3/0	2.18	2.18	2.16	.88
12. People who make complaints of sexual harassment are protected from harmful consequences. (SH) D	18/4	2.30	2.14	2.76	<.001
13. Women more than men are asked intrusive questions about their personal life. (GD) A	13/0	2.25	2.04	2.82	<.001
14. Female faculty members are highly visible here. (GI) D	3/0	2.31	2.19	2.65	<.001
15. A lot of active mentoring goes on. (PC) A	5/1	2.27	2.26	2.31	.64
16. People in this school feel close to each other. (C) A	0/0	2.04	2.04	2.02	.84
17. Women are discriminated against in the promotion process. (GD) A	6/3	1.97	1.77	2.57	<.001
18. I'd recommend SUSM to a prospective faculty member of my gender (GI) D	3/4	2.10	2.07	2.20	.24
19. It's a "man's world" here. (GI) A	2/1	2.08	1.81	2.88	<.001
20. As medical schools go, ours is more open-minded. (PC) A	11/4	2.82	2.92	2.56	.006
21. People put a lot of energy into this school. (C) A	1/0	3.14	3.14	3.14	1.0
22. Remarks denigrating women are common. (SH) A	1/1	1.76	1.62	2.17	<.001
23. Men are more actively recruited for faculty positions than women. (GD) A	5/4	2.01	1.83	2.56	<.001
24. Students consider female faculty less credible than male faculty. (GI) A	9/4	1.88	1.68	2.47	<.001
25. There's a lot of collaboration among the faculty. (PC) A	2/0	2.44	2.47	2.37	.40
26. A lot of people just seem to be passing time in this school. (C) D	0/2	3.02	3.01	3.04	.81
27. Qualified men are given more career opportunities than qualified women. (GD) A	7/5	2.04	1.79	2.82	<.001
28. Women are adequately represented as visiting professors or among those invited to lecture. (GI) D	8/1	2.34	2.20	2.73	<.001

D items scored: 4 3 2 1	A items scored: 1 2 3 4	M/F Missing	ALL Mean	M Mean	F Mean	p M/F
29. Women who speak out on issues of concern to them are labeled as troublemakers. (GI) A		5/3	2.27	2.04	2.96	<.001
30. The schedule of work activities is sensitive to people's non-work commitments. (PC) A		8/2	2.09	2.15	1.91	.07
31. People are very proud of this school. (C) A		3/0	3.01	3.03	2.96	.46
32. Sexual harassment is a problem here. (SH) A		3/3	2.32	2.21	2.65	<.001
33. There is gender-equity in salaries. (GD) D		24/4	2.42	2.18	3.04	<.001
34. A woman's professional activity is seen as less important than a man's. (GI) A		4/4	2.01	1.82	2.60	<.001
35. Men's opinions are taken more seriously than women's. (GI) A		1/0	2.08	1.82	2.84	<.001
36. Taking time off for family is seen as a lack of commitment. (PC) D		3/1	2.33	2.47	1.94	<.001
37. This is a rather apathetic place. (C) D		4/3	2.96	2.96	2.96	1.0
38. There is little blatant sexual harassment here. (SH) D		3/5	2.24	2.18	2.43	.08
39. The climate for women faculty varies among departments. (GI) A		11/2	3.11	3.06	3.23	.03
40. Individual talents are recognized and encouraged. (PC) A		4/1	2.94	3.01	2.71	.006
41. This school is a good place to make friends. (C) A		1/2	2.43	2.48	2.28	.12
42. There is support for those who have been sexually harassed. (SH) D		21/8	2.14	2.04	2.44	.001
43. Women's views are represented fairly on major committees. (GD) D		16/6	2.14	2.00	2.53	<.001
44. Women are interrupted at meetings more often than men. (GI) A		10/3	2.19	1.95	2.87	<.001
45. There are enough appropriate role models for women. (GI) D		9/0	2.80	2.68	3.10	<.001
46. The clinical workload is less for men than for women. (GD) A		12/6	1.74	1.53	2.37	<.001
47. Women are assigned more committee work than men. (GD) A		16/6	2.21	2.06	2.67	<.001
48. In my department, there is equal access for both male and female faculty to space, laboratory support staff and/or other resources. (GD) D		7/4	1.90	1.76	2.31	<.001
49. Men are more likely than women to receive helpful career advice from their supervisors. (GI) A		9/3	2.11	1.89	2.74	<.001
50. There tends to be a condescending attitude toward female physicians and scientists. (GI) A		4/3	1.97	1.76	2.61	<.001

	ALL	M	F	p
POSITIVE CLIMATE (PC)	2.52	2.58	2.35	.001
GES COHESION (C)	2.56	2.57	2.54	.66
SEXUAL HARASSMENT (SH)	2.09	1.98	2.42	<.001
GENDER DISCRIMINATION (GD)	2.11	1.92	2.67	<.001
GENDER INSENSITIVITY (GI)	2.21	2.04	2.69	<.001

Indicate how frequently in the past year you have observed/experienced the following behaviors at SUSM, and by whom?

Missing data: M/F	How frequently?			By whom? (mark all that apply)			
	Never	Once	More than once	Faculty Member	Staff	House Officer	Student
How frequently have you observed.							
negative remarks about females as a group or jokes that "put down" women? 4/1	117 96/21	20 12/8	48 29/19	56 32/24	32 21/11	27 19/8	14 11/3
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures? 4/2	140 112/28	20 10/10	24 15/9	38 21/17	17 14/3	21 13/8	9 8/1
public displays of photographs, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women? 3/1	166 124/42	10 8/2	10 6/4	6 4/2	11 7/4	1 1/0	5 4/1
offensive gestures of a sexual nature? 5/1	171 129/42	6 2/4	7 5/2	12 6/6	5 5/0	3 3/0	4 4/0
those who support efforts to improve women's status being put down? 4/3	146 121/25	11 9/2	26 7/19	35 14/21	6 2/4	5 2/3	3 3/0
Total	740 582/158	67 41/26	115 62/53	147 77/70	71 49/22	57 38/19	35 30/5
Percent	80% 85/67%	7% 6/11%	13% 9/22%	48% 40/60%	23% 25/19%	18% 20/17%	11% 15/4%

How frequently have you experienced

unwelcome sexually directed remarks about clothing, body, sexual activities? 3/0	167 128/39	8 2/6	12 8/4	10 3/7	11 8/3	3 3/0	4 4/0
unwanted verbal propositions to participate in sexual activity? 2/0	184 137/47	1 1/0	3 1/2	3 1/2	2 2/0	1 1/0	1 1/0
unwanted physical contact or proximity (e.g., cornering, leaning over)? 2/0	166 129/37	12 4/8	10 6/4	17 5/12	4 4/0	2 2/0	1 1/0
unwelcome letters, telephone calls, receipt of materials of a sexual nature? 2/0	182 133/49	3 3/0	3 3/0	2 2/0	4 4/0	2 2/0	1 1/0
staring, excessive eye contact? 2/0	175 133/42	2 1/1	11 5/6	10 3/7	6 3/3	4 3/1	3 3/0
discomfort caused by subtle pressure for sexual activity? 3/0	184 135/49	2 2/0	1 1/0	1 1/0	1 1/0	1 1/0	2 2/0
Total	1058 795/263	28 13/15	40 24/16	43 15/28	28 22/6	13 12/1	12 12/0
Percent	94% 95/90%	2% 2/5%	4% 3/5%	45% 24/80%	29% 36/17%	14% 20/3%	12% 20/0%
sexual harassment? 2/0	180 313/55	3 2/1	5 2/3	5 2/3	3 3/0	1 1/0	1 1/0
Percent	95% 97/92%	2% 2/2%	3% 1/6%	50% 29/100%	30% 43/0%	10% 14/0%	10% 14/0%

If you have experienced any of the above behaviors, please respond to the following:

A. My experience(s) prompted the following action(s):

Mark all that apply M/F

- 31 ignored the behavior 18/13
- 13 avoided the person(s) 4/9
- 16 asked or told the person(s) to stop 6/10
- 1 threatened to tell or told peers 0/1
- 0 sought psychological counseling
- 4 reported the behavior to supervisor/ombudsperson 2/2
(i.e., sought informal resolution)
- 0 filed a formal complaint
- 0 entered consensual relationship with person(s)
- 0 entered coerced relationship with person(s)
- 4 none of the above 2/2

B. My experience(s) affected me as follows:

Mark all that apply M/F

- 9 caused me to have a sense of powerlessness 1/8
- 9 negatively affected my state of mind 1/8
- 2 negatively affected my health 0/2
- 9 negatively affected my relationship with the person(s) 0/9
- 9 caused me to worry about the impact on my academic future 2/7
- 11 negatively affected my feelings about SUSM 2/9
- 5 negatively affected my job performance (even temporarily) 1/4
- 1 caused me to consider leaving my job 0/1
- 2 influenced subsequent career decisions 0/2
- 24 had no effect 17/7
- 7 other (specify) 2/5

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Indicate your agreement with the following statements:

	Strongly Disagree ☐	☐	☐	Strongly Agree ☐	☐
	M/F	ALL	M	F	p
	Missing	Mean	Mean	Mean	MF
1. Men are more competitive than women.	1/0	2.85	2.74	3.16	.03
2. The entry of women is humanizing medicine.	3/0	3.70	3.51	4.22	<.001
3. Women are better suited to certain specialties than men.	1/0	2.93	2.86	3.10	.24
4. Women are more emotional than men.	2/0	3.02	3.04	2.96	.67
5. Men are more committed to their careers than women.	1/0	2.32	2.41	2.06	.05
6. Affirmative action is causing "reverse discrimination."	2/0	3.02	3.29	2.24	<.001
7. Women are more collaborative than men.	0/0	2.97	2.78	3.51	<.001
8. The entry of women is making medicine less rigorous.	1/0	1.69	1.76	1.47	.03
9. Men think more abstractly than women.	1/0	1.89	1.92	1.80	.41
10. Affirmative action is lowering standards.	3/0	2.47	2.64	1.98	.001
11. Men have greater scientific aptitude than women.	1/0	1.61	1.70	1.35	.003
12. Men are better suited to certain specialties than women.	1/0	2.62	2.59	2.73	.49
13. A male mentor would be more advantageous to my career than a female mentor.	4/0	2.16	2.01	2.59	<.001
14. An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions.	2/0	2.18	2.40	1.53	<.001
15. Recipients of sexual harassment can stop the behavior if they want to.	4/0	2.38	2.51	2.00	.006
16. Those who complain of sexual harassment generally have other motives.	3/0	2.04	2.21	1.55	<.001
17. An attractive man can expect sexual harassment and should learn how to handle it.	3/0	2.11	2.29	1.61	<.001
18. Sexual harassment has little to do with power.	3/0	1.67	1.76	1.43	.02
19. The issue of sexual harassment has been blown out of proportion.	2/0	2.75	2.97	2.12	<.001
20. It is only natural to make sexual advances toward an attractive colleague.	4/0	1.62	1.74	1.27	<.001
21. Few who experience sexual harassment are harmed by it.	3/0	1.83	1.99	1.37	<.001
22. An attractive woman can expect sexual harassment and should learn how to handle it.	2/0	2.13	2.29	1.67	.002
23. Sexual harassment is decreasing in the medical school.	4/1	3.48	3.55	3.27	.06
24. An emphasis on sexual misconduct policy destroys a sense of community.	3/0	2.22	2.40	1.73	<.001
25. The climate for female faculty has improved since I've been here.	3/1	3.76	3.80	3.65	.33
26. An action is not "sexist" unless it is intentional.	5/0	2.07	2.25	1.57	<.001
27. Sexual harassment is harmful to the recipient's professional career.	2/1	3.72	3.65	3.92	.12
28. Faculty should <u>not</u> expect the traditional structure of academic medicine to change in order to accommodate their role as parents.	2/0	2.08	2.22	1.69	.003
29. There is little that one can do to make others stop bothering him/her sexually.	2/0	1.67	1.58	1.92	.004

Gender: male 141 female 49 (194 returned (190 has M/F designation); 486 sent--40% return rate)

Age 46.5 years m=47.2 f=44.5 (p=.06)

Marital status: single	13	married/permanent relationship	162	separated/divorced	10	widowed	4
male	10		124		5		1
female	3		38		5		3

Children: yes	159	no	25
male	120		17
female	39		8

Academic rank:

74	Professor	m=63	f=11
47	Associate Professor	m=35	f=12
66	Assistant Professor	m=41	f=25
1	Other	m=1	f=0

Promotional track:

118	University line	m=89	f=29
62	Medical center line	m=45	f=17
7	Other	m=6	f=1

Status:

181	full time	m=137	f=44
4	part time	m=0	f=4

How long have you been at Stanford University School of Medicine?

72	1-5 years	m=44	f=28
31	6-10 years	m=24	f=7
86	More than 10 years	m=72	f=14

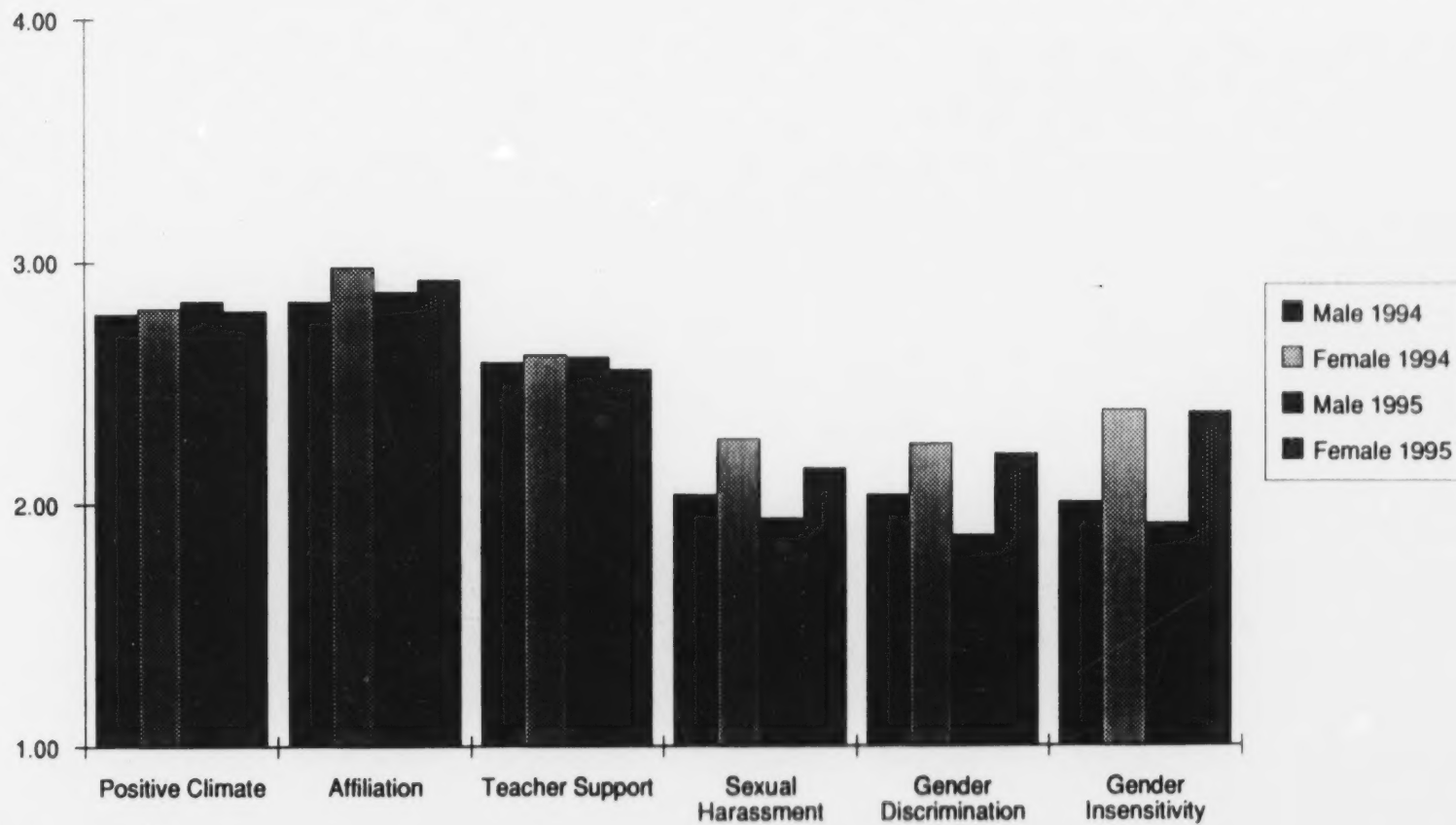
Administrative position:

86	yes	m=71	f=15
86	no	m=57	f=29

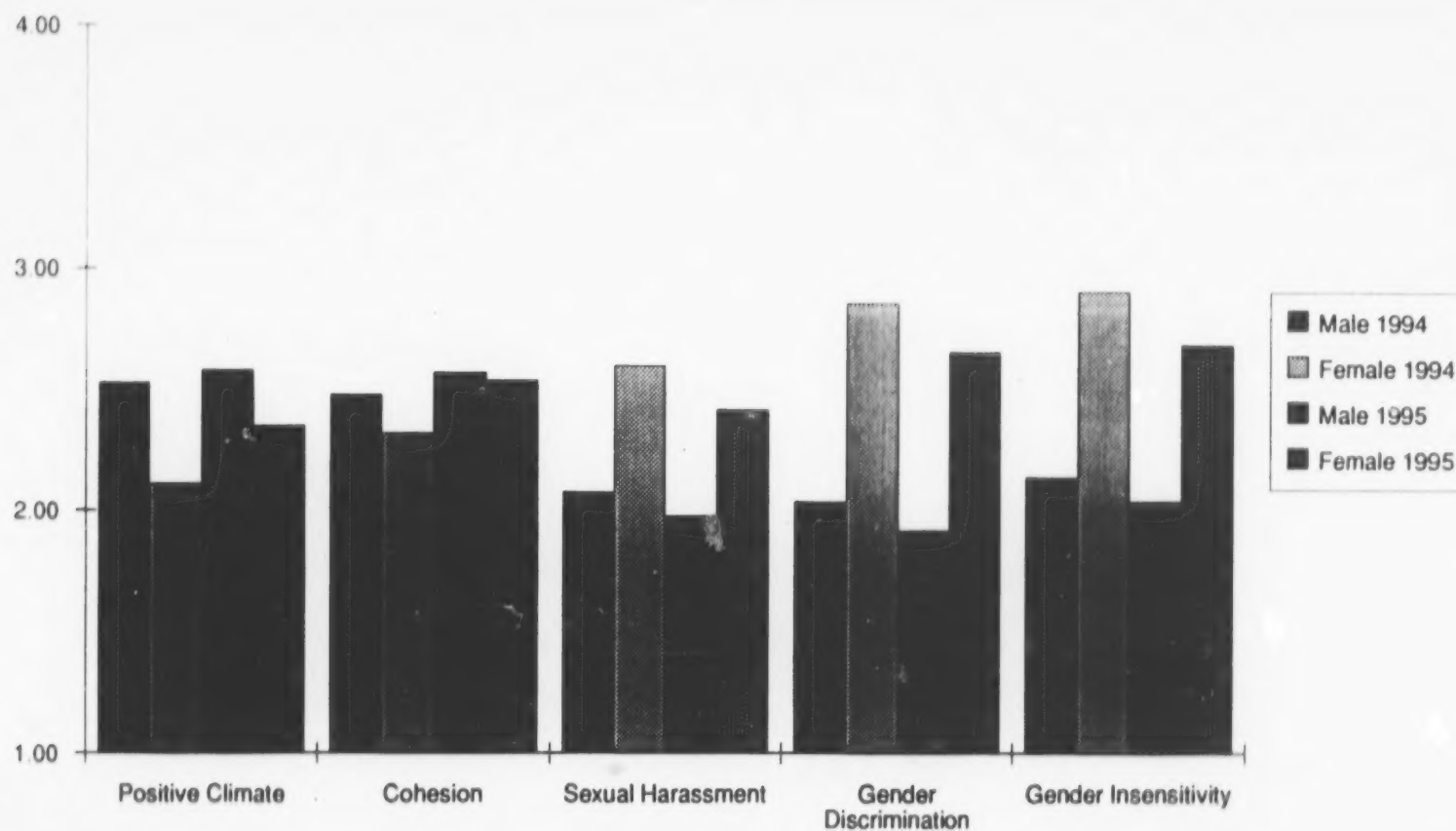
Have you received information regarding the procedure for reporting sexual harassment?	yes 178	no 6
	m=134	m=2
	f= 44	f=4

Did you respond to this survey last spring?	yes 95	no 65
	m=66	m=49
	f=29	f=16

Student Climate Survey Means by Year and Sex (4-point scales)



Faculty Climate Survey Means by Year and Sex (4-point scales)



ANOVAS for Faculty Climate Scales (N=410)

POSITIVE CLIMATE

	1994	1995	
Male	2.53	2.58	2.55
Female	2.11	2.35	2.23
	2.43	2.52	2.47

SEX: F (1,406)=
39.45, $p < .001$

YEAR: F (1,406)=
8.17, $p = .004$

YxS: F (1,406)=
3.12, $p = .08$

1995 significantly higher than 1994
Males significantly higher than females

ANOVAS for Student Climate Scales (N=228)

POSITIVE CLIMATE

	1994	1995	
Male	2.79	2.84	2.81
Female	2.81	2.80	2.81
	2.80	2.82	2.81

SEX: F (1,224)=
0.02, $p = .88$

YEAR: F (1,224)=
0.10, $p = .75$

No significant effect of year or sex

COHESION

	1994	1995	
Male	2.48	2.57	2.52
Female	2.32	2.54	2.43
	2.44	2.56	2.50

SEX: F (1,406)=
2.96, $p = .09$

YEAR: F (1,406)=
7.57, $p = .006$

1995 significantly higher than 1994
Effect of sex approached significance

AFFILIATION

	1994	1995	
Male	2.84	2.88	2.86
Female	2.98	2.93	2.96
	2.91	2.90	2.91

SEX: F (1,224)=
2.96, $p = .09$

YEAR: F (1,224)=
0.02, $p = .88$

No significant effect of year
Effect of sex approached significance

TEACHER SUPPORT

	1994	1995	
Male	2.59	2.61	2.60
Female	2.62	2.56	2.59
	2.60	2.59	2.60

SEX: F (1,224)=
0.03, $p = .87$

YEAR: F (1,224)=
0.11, $p = .74$

No significant effect of year or sex

ANOVAS for Faculty Climate Scales

ANOVAS for Student Climate Scales

SEXUAL HARASSMENT

	1994	1995	
Male	2.08	1.98	2.03
	2.60	2.42	2.51
	2.19	2.09	2.15
SEX: F (1,406)=			
88.17, $p < .001$			
YEAR: F (1,406)=			
7.60, $p = .006$			

1995 significantly lower than 1994
Females significantly higher than males

SEXUAL HARASSMENT

	1994	1995	
Male	2.04	1.94	1.99
Female	2.27	2.15	2.21
	2.16	2.04	2.10
SEX: F (1,224)=			
12.69, $p < .001$			
YEAR: F (1,224)=			
3.24, $p = .07$			

Effect of year approached significance
Females SH significantly higher than males

GENDER DISCRIMINATION

	1994	1995	
Male	2.04	1.92	1.99
Female	2.86	2.66	2.76
	2.22	2.11	2.17
SEX: F (1,406)=			
207.35, $p < .001$			
YEAR: F (1,406)=			
8.44, $p = .004$			

1995 significantly lower than 1994
Females significantly higher than males

GENDER DISCRIMINATION

	1994	1995	
Male	2.04	1.87	1.95
Female	2.25	2.21	2.23
	2.14	2.03	2.09
SEX: F (1,223)=			
16.89, $p < .001$			
YEAR: F (1,223)=			
2.31, $p = .13$			

No significant effect of year
Females GD significantly higher than males

GENDER INSENSITIVITY

	1994	1995	
Male	2.14	2.04	2.09
Female	2.91	2.69	2.80
	2.31	2.21	2.26
SEX: F (1,406)=			
239.32, $p < .001$			
YEAR: F (1,406)=			
11.81, $p = .001$			

1995 significantly lower than 1994
Females significantly higher than males

GENDER INSENSITIVITY

	1994	1995	
Male	2.01	1.92	1.97
Female	2.39	2.38	2.39
	2.20	2.14	2.17
SEX: F (1,224)=			
44.52, $p < .001$			
YEAR: F (1,224)=			
0.63, $p = .43$			

No significant effect of year
Females GI significantly higher than males

ANOVAs that include 18 items common to both Faculty and Student Climate Scales

ANOVAS for Faculty Climate Scales (N=410)

ANOVAS for Student Climate Scales (N=228)

POSITIVE CLIMATE (4 items)

	1994	1995	
Male	2.58	2.62	2.60
Female	2.09	2.46	2.28
	2.47	2.58	2.52

SEX: F (1,406)= 27.23, $p < .001$

YEAR: F (1,406)= 11.35, $p = .001$

YxS: F (1,406)= 6.75, $p = .01$

POSITIVE CLIMATE (4 items)

	1994	1995	
Male	2.84	2.94	2.89
Female	2.80	2.93	2.86
	2.82	2.93	2.88

SEX: F (1,224)= 0.11, $p = .74$

YEAR: F (1,224)= 2.85, $p = .09$

SEXUAL HARASSMENT (6 items*)

	1994	1995	
Male	2.08	1.98	2.03
Female	2.60	2.42	2.51
	2.19	2.09	2.15

SEX: F (1,406)= 88.17, $p < .001$

YEAR: F (1,406)= 7.60, $p = .006$

SEXUAL HARASSMENT (6 items)

	1994	1995	
Male	2.10	1.96	2.03
Female	2.32	2.19	2.25
	2.21	2.07	2.14

SEX: F (1,224)= 11.50, $p = .001$

YEAR: F (1,224)= 4.16, $p = .04$

*All of the Faculty SH items are shared with the student version.

GENDER DISCRIMINATION (2 items)

	1994	1995	
Male	2.23	2.15	2.19
Female	3.00	2.86	2.93
	2.40	2.34	2.37

SEX: F (1,398)= 100.09, $p < .001$

YEAR: F (1,398)= 2.27, $p = .13$

GENDER DISCRIMINATION (2 items)

	1994	1995	
Male	2.21	1.96	2.08
Female	2.43	2.41	2.42
	2.32	2.17	2.25

SEX: F (1,223)= 14.00, $p < .001$

YEAR: F (1,223)= 2.16, $p = .14$

GENDER INSENSITIVITY (6 items)

	1994	1995	
Male	2.20	2.09	2.15
Female	2.97	2.75	2.86
	2.37	2.26	2.32

SEX: F (1,406)= 208.43, $p < .001$

YEAR: F (1,406)= 10.91, $p = .001$

GENDER INSENSITIVITY (6 items)

	1994	1995	
Male	1.99	1.90	1.95
Female	2.34	2.34	2.34
	2.17	2.10	2.14

SEX: F (1,224)= 35.31, $p < .001$

YEAR: F (1,224)= 0.53, $p = .47$

Number of Faculty

	1994	1995	
Male	171	141	312
Female	49	49	98
	220	190	410

Number of Students

	1994	1995	
Male	58	60	118
Female	58	52	110
	116	112	228

ANOVAS for Faculty Observations and Experiences

SUM of OBSERVATIONS

	1994	1995		
Male	1.76	1.17	1.49	SEX: F (1,406)=
Female	4.53	2.69	3.61	74.32, p<.001
	2.38	1.56	2.00	

YEAR: F (1,406)=
23.74, p<.001

YxS: F(,406)=
6.26, p=.01

1995 significantly lower than 1994
Females significantly higher than males
Females decreased more than males from 1994 to 1995
This Year x Sex difference was significant.

ANOVAS for Student Observations and Experiences

SUM of OBSERVATIONS

	1994	1995		
Male	2.57	1.90	2.23	SEX: F (1,224)=
Female	3.41	2.94	3.19	8.09, p=.005
	2.99	2.38	2.69	

YEAR: F (1,224)=
2.96, p=.09

Effect of Year approached significant decrease
Females significantly higher than males

SUM of EXPERIENCES

	1994	1995		
Male	0.53	0.43	0.49	SEX: F (1,406)=
Female	1.06	0.96	1.01	10.02, p=.002
	0.65	0.57	0.61	

YEAR: F (1,406)=
0.36, p=.55

No significant effect of Year
Females significantly higher than males

SUM of EXPERIENCES

	1994	1995		
Male	0.33	0.65	0.49	SEX: F (1,224)=
Female	1.90	1.25	1.59	17.06, p<.001
	1.11	0.93	1.02	

YEAR: F (1,224)=
0.38, p=.54

YxS: F (1,224)=
3.40, p=.07

No significant effect of Year
Females significantly higher than males
Males increased from 1994 to 1995; whereas females decreased. This Year x Sex difference approached significance.

ANOVAs that include the 18 items common to both
Faculty and Student Climate Scales

Main Effects and Significant Interactions of Year (1994, 1995) x Group (Faculty, Students) x Sex (Male, Female) ANOVAs

<u>Scale</u>	<u>Source</u>	<u>Level</u>	<u>Mean</u>	<u>F Ratio</u>	<u>p</u>
<u>Positive Climate</u> (1,630 df)	Year	1994	2.59	12.14	.001
		1995	2.71		
	Group	Faculty	2.88	91.31	<.001
		Students	2.52		
	Sex	Male	2.68	14.16	<.001
		Female	2.59		
	Grp x Sex	Male Fac	2.89	10.77	.001
		Fem Fac	2.86		
		Male Stu	2.60		
		Fem Stu	2.28		
<u>Sex Harassment</u> (1,630 df)	Year	1994	2.20	11.44	.001
		1995	2.08		
	Group	Faculty	2.14	10.00	.002
		Students	2.15		
	Sex	Male	2.03	75.04	<.001
		Female	2.37		
	Grp x Sex	Male Fac	2.03	10.29	.001
		Fem Fac	2.25		
		Male Stu	2.03		
		Fem Stu	2.51		
<u>Gen Discrimin</u> (1,621 df)	Year	1994	2.37	4.50	.03
		1995	2.27		
	Group	Faculty	2.25	27.82	<.001
		Students	2.37		
	Sex	Male	2.16	87.61	<.001
		Female	2.66		
	Grp x Sex	Male Fac	2.08	12.12	.001
		Fem Fac	2.42		
		Male Stu	2.19		
		Fem Stu	2.93		

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<u>Gen Insensitivity</u> (1,630 df)	Year	1994	2.30	7.04	.008
		1995	2.20		
	Group	Faculty	2.14	81.50	<.001
		Students	2.32		
	Sex	Male	2.09	192.25	<.001
		Female	2.59		
	Grp x Sex	Male Fac	1.95	16.62	<.001
		Fem Fac	2.34		
		Male Stu	2.15		
		Fem Stu	2.86		
<u>Observations</u> (1,630 df)	Year	1994	2.59	19.72	<.001
		1995	1.87		
	Group	Faculty	2.69	0.70	.40
		Students	2.00		
	Sex	Male	1.70	59.22	<.001
		Female	3.39		
	Grp x Sex	Male Fac	2.23	8.98	.003
		Fem Fac	3.19		
		Male Stu	1.49		
		Fem Stu	3.61		
<u>Experiences</u> (1,630 df)	Year	1994	0.81	0.82	.37
		1995	0.70		
	Group	Faculty	1.02	3.83	.05
		Students	0.61		
	Sex	Male	0.49	30.72	<.001
		Female	1.32		

Publications

tion of the family medicine clerkship. Preliminary results indicate success in both knowledge and attitudinal objectives. **Inquiries:** Victoria Kaprielian-Johnson, MD, Chief, Division of Predoctoral Education and Faculty Development, Department of Community and Family Medicine, Box 3886, Duke University Medical Center, Durham, NC 27710.

This program was developed with the support of the Fullerton Foundation of Gaffney, South Carolina.

REFERENCE

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■ EDUCATIONAL AND ASSESSMENT STRATEGIES

Development of Professional Values and Skills

A Workshop for Raising Awareness about Academic Honesty

PENELOPE A. HANSEN, PHD, MEMORIAL UNIVERSITY, AND
KAREN V. MANN, PHD, Dalhousie University

Objective: The objective was to provide a forum for students and faculty to discuss and reflect on the nature of academic honesty and professionalism and to reflect on the relationship between them.

Description: The workshop was designed according to the principles of adult learning. Participants began by completing a questionnaire: they gave their opinions of the appropriateness of various student behaviors and stated whether they had firsthand knowledge of the behaviors. A continuum of behaviors was included, from those clearly dishonest (submitting the written work of another student as one's own) to those open to interpretation (students working together to find and interpret information for an assignment). While one of the workshop leaders collated the questionnaire results, the other presented the rationale for giving attention to academic honesty and its links to developing professionalism. The participants then discussed the results of the questionnaire. Using an approach based in social learning theory, the leaders led a large-group discussion of the factors in the medical school environment that foster academic honesty, stressing those related to students, faculty, the curriculum, and the profession. Participants then worked in small groups to identify educational strategies that promote academic honesty and encourage development of professionalism. The workshop ended with reports of the groups' discussions and a summary by the leaders.

mary by the leaders.

Discussion: We first did this workshop with student volunteers from our medical schools, and later we conducted it at a national meeting with faculty members from the Canadian medical schools. Both students and faculty displayed a keen interest in this topic, expressing concern about the powerful socializing effect of medical school, diverse opinions about what constitutes academic honesty, and ideas about how honesty and dishonesty are expressed in clinical training and the practice of medicine. The topics that produced the most passionate discussions were the predisposition of evaluation and grading to encourage competition, the importance of encouraging cooperation instead of competition, and students' and faculty members' discomfort with uncertainty and unwillingness to admit lack of knowledge. Participants identified educational strategies for encouraging honesty: cooperative, problem-based, and small-group learning; evaluations that compare performance to a standard rather than to other students; testing that emphasizes understanding rather than memorization and recall; and emphasis on self-assessment skills. Above all, the group identified the necessity for faculty and students to develop awareness of these issues, for example, in a workshop of this type. We plan to use the workshop in our medical schools for students and faculty together.

Evaluation: Workshop evaluations indicated that participants had become more aware of the issues. We are developing methods of assessing the workshop's effectiveness in changing participants' attitudes and behaviors. A longer-term follow-up will be required to determine whether the workshop leads to environments that encourage professional behavior.

Inquiries: Penelope A. Hansen, PhD, Faculty of Medicine, Memorial University, St. John's, Newfoundland, Canada A1C 3V6.

A Sexual Harassment Workshop for Medical Students

CHARLOTTE JACOBS, MD, AND MERLYNN BERGEN, PHD,
Stanford University School of Medicine

Objective: Sexual harassment, all too common in medical schools, creates a hostile learning environment for students. Our goal is to instruct them in defining, coping with, and countering sexual harassment. We postulate that students who have specific skills can more easily handle uncomfortable situations and that immediate feedback will have an important educational effect on the "perpetrator."

Description: We have designed and conducted a 2½-hour workshop in which medical and graduate students learn

what legally constitutes sexual harassment, develop strategies to confront this behavior, and develop skills to prevent and interrupt sexual harassment. Directed by two trained leaders, attendees actively participate in small-group exercises to define sexual harassment and describe reactions of "recipients." The legal definition and common misperceptions are covered in lectures. Students learn how to assess an incident, are given tips on what to say, and learn about the importance of the "meta-message." They learn to assess and handle an incident through role playing, using three cases, and they develop a variety of strategies. Finally, they are given the school's policy and procedures and are encouraged to build alliances.

Discussion: To date, five workshops have been conducted and they have been well received. We have modified the workshop based on student advice from focus groups; specifically, we have added more skills development and role playing. We have encountered two major pitfalls. The first is "sidetracking." Groups often begin to intellectualize about the issue of sexual harassment, leaving less time for skills development; also, the students often begin to tell personal stories. The second problem we call "opening Pandora's box." If sexual harassment has not been discussed in any formal way before the workshop, students may become quite upset when the problem is acknowledged.

We will continue to hold workshops and we plan to extend them to postdoctoral fellows and house staff.

Evaluation: Immediately before and after the workshop, the students complete an instrument that measures their knowledge of the topic and their ability to assess incidents. Focus groups give additional feedback. In addition, the entire student body receives a yearly survey that assesses the medical school's climate and how frequently students experience or observe behaviors categorized as sexual harassment. **Inquiries:** Dr. Charlotte Jacobs, Stanford University School of Medicine, M-121, Stanford, CA, 94305-5302, or Dr. Merlynn Bergen, Faculty Development Program, 1000 Welch Road #1, Stanford, CA, 94305.

Empathy Training to Improve Physician-Patient Communication Skills

KAREN M. FEIGNY, PhD, MICHAEL MONACO, MD, AND LOUISE ARNOLD, PhD, University of Missouri-Kansas City

Introduction: Research shows that perspective-taking promotes empathy and that empathy is associated with physician-patient communication skills. Empathy is conceptualized as a physician's cognitive capacity to understand a

patient's needs, an affective sensitivity to a patient's feelings, and a behavioral ability to convey empathy to a patient.

Objectives: This pilot project sought to test experimentally (1) whether medical students' empathy for patients can be heightened with an educational intervention and (2) whether greater empathy facilitates physician-patient communication skills.

Description: A three-stage educational model was created to develop empathy in a small group of first-year students at the University of Missouri-Kansas City School of Medicine over the course of one semester. In the first phase ("cognitive perspective taking"), students developed a clinical presentation of an illness from the patient's perspective. Diabetes was selected as the illness to simulate because of its accompanying psychosocial issues. In the second stage ("affective perspective taking"), students assumed the role of a same-gender patient and enacted the clinical presentation in a simulation with a senior medical student trained to conduct a history. In the third phase ("behavioral perspective taking"), students, still in the patient role, provided corrective feedback to the interviewer about her or his empathy and communication skills.

Evaluation: A preliminary evaluation tested the overall efficacy of the empathy training. Each student in the training group assumed the physician role and took a history from a diabetic standardized patient during a videotaped session. Two trained observers used the Carkhuff Empathic Understanding Scale and a modified Arizona Clinical Interview Scale to rate the videotaped sessions on physicians' empathy and skills in communicating with the patients.

Before and after the training, the students also responded to Davis' Interpersonal Reactivity Index (a self-report measure of empathy) and Wolf's Medical Helping Relationship Inventory (a self-report of physician-patient communication skills). They also replied to a "manipulation check," a questionnaire about the effectiveness of the three-stage training model. A control group responded to Davis' and Wolf's instruments before and after the training, but because of budget constraints they did not take histories from standardized patients.

Preliminary results indicate (1) no significant difference at baseline between the groups, (2) significant intercorrelations between selected empathy subscales and physician-patient communication subscales at pre-test and post-test for the two groups, (3) a significant increase in one physician-patient communication skill at post-test for the training group, (4) significant positive correlations between several manipulation check items and selected items on the empathy measure at post-test, and, most importantly, (5) significant positive correlations between the observers' ratings and self-report ratings on specific empathy items and physician-patient communication skills items at post-test.

Discussion: The preliminary findings suggest that the train-

A Climate Survey for Medical Students:
A Means to Assess Change

Merlynn R. Bergen, Cassandra M. Guarino, and Charlotte D. Jacobs
Stanford University School of Medicine

In press:

Evaluation and the Health Professions, March, 1996

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Merlynn R. Bergen, Ph.D. Dr. Bergen received her Ph.D. in educational psychology from Stanford University in 1986. She is currently a research associate in the Office of Medical Education and in the Division of General Internal Medicine at Stanford University School of Medicine. She coordinates a Stanford-based program that trains clinical faculty in medical decision making. These faculty return to their home institutions to train both their faculty and residents in the curriculum they received and rehearsed at Stanford. Her research has been in medical decision making, faculty development, and medical education. Recent publications include:

Skeff, K.M., Stratos, G.A., & Bergen, M.R. (1992). Evaluation of medical faculty development program: A comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions, 15, 350-366.

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Goldstein, M.K., Clarke, A.E., Michelson, D.J., Garber, A.M., Bergen, M.R., Lenert, L.A. (1994). Developing and testing a multimedia presentation of a health state description. Medical Decision Making, 14, 336-344.

Cassandra M. Guarino, M.A. Ms. Guarino is currently a doctoral student at Stanford University School of Education in Administration and Policy Analysis. Her research interests are in the area of the economics of education with a focus on school-to-work transition and medical education.

Charlotte D. Jacobs, M.D. Dr. Jacobs received her M.D. from Washington University School of Medicine in 1972 and completed her fellowship in medical oncology at Stanford University School of Medicine in 1977. She has been on the faculty in the Department of Medicine since that time and currently holds the position of Associate Professor of Medicine. She has been the Senior Associate Dean for Education and Student Affairs since 1990. Her research was in the area of oncology, but for the last several years she has begun performing research in medical education. Examples of recent publications include:

Nelson, M., Jacobs, C., & Cuban, L. (1992). Concepts of curriculum. Teaching and Learning in Medicine, 4, 202.

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Abstract

Our medical school has embarked on a program designed to foster a gender-fair environment. An instrument was developed to assess the perceptions of students regarding six aspects of school climate and their experience of and attitudes toward sexual harassment and gender insensitivity. During clerkship orientation, 77 students (92% return rate), half female, were given the survey. Cronbach alpha reliabilities for the six scales ranged from .71 to .85. One significant female/male difference among the three scales of general school climate was observed; two significant female/male differences occurred among the three scales relating to gender concerns. 70% of both males and females reported having observed sexually harassing behavior during the previous year; 46% of females and 15% of males reported experiencing sexually harassing behavior during the year. Observing and/or personally experiencing sexual harassment was associated with a decrease in positive climate ratings and an increase in negative ones. We plan to conduct this survey annually to monitor school climate.

The university environment should be one of respect and support for all members of its community. Unfortunately, gender-insensitive behavior and sexual harassment continue to influence this climate negatively (Barak, Fisher & Houston, 1992; Charney & Russell, 1994; Fitzgerald, et al., 1988; Fitzgerald, Weitzman, Gold & Ormerod, 1988; Glaser & Thorpe, 1986; Hall & Sandler, 1982, 1984; Reilly, Lott & Gallogly, 1986; Schneider, 1987; Williams, Lam & Shively, 1992). Medical schools have not been immune in this regard. Lenhart, Klein, Falcao, Phelan & Smith (1991), in a study that included women physicians and medical students, reported that 54% of respondents encountered some form of sex discrimination and 27% experienced some form of sexual harassment. Komaromy, Bindman, Haber & Sande (1993) concluded that medical students, particularly women, often face a hostile learning environment due to a high incidence of sexual harassment. Nearly 75% of the women surveyed and 22% of the men reported experiencing sexual harassment during medical school and residency training.

Our medical school recently embarked on a program designed to foster an environment that is conducive to academic achievement and free of gender insensitivity and sexual harassment. Workshops and retreats have been conducted for students and faculty, exposing them to issues of sexual harassment and cultural diversity. Evaluations of these interventions to assess the short-term changes in attitudes and knowledge in those who have attended have been performed. A more overarching goal, however, has been to develop a means to assess the impact of these interventions, and others, on the entire school-wide climate within which people study and work. To this end, we developed a survey for medical students. In addition to questions of medical school climate, students were asked to report their experiences with and attitudes toward sexual harassment and gender stereotyping. Our aim, then, was to develop an instrument that would reliably assess climate, experiences, and attitudes, be internally consistent, non-biased, and of acceptable length.

Many studies have documented the differences between men and women in the frequency of reported sexual harassment and gender insensitivity (Baldwin, Daugherty, & Eckenfels, 1991; Hostler & Gressard, 1993; Uhari et al., 1994). Others have shown that the same situation or behavior is perceived differently by men and women (Grant, 1988; Nora, Daugherty, Hersh, Schmidt & Goodman, 1993; Malovich & Stake, 1990). It is important, then, for both men and women to be educated as to the perceptions of the other gender.

Based on a review of the literature, we formulated two hypotheses regarding the outcome of our survey. Hypothesis 1 was that there would be significant male/female differences in mean responses to the scales designed specifically to address gender concerns, whereas, male/female responses would not be significantly different for scales that did not specifically relate to gender. Hypothesis 2 was that the personal observation or experience of objectionable gender-related behavior affects a student's view of all of the aspects of school climate. In this report we describe the development of our survey instrument and the results of testing one medical school class.

METHOD

Subjects. The subjects were 77 medical students, 40 male and 37 female who had just completed the preclinical curriculum and were beginning their clinical training. The sample represented 85% of the medical students eligible to begin clerkships and 92% of the students attending a half-day clerkship orientation. The mean age of the students was 26.3 years; 51% identified themselves as ethnic minorities; 36% were married or in permanent relationships; and 9% had children. Because of our flexible curriculum, which allows three preclinical years, 45% were in their third and 38% in their fourth year. Half of the men and 51% of the women reported having attended some type of program regarding sexual harassment or gender insensitivity in the past, but not necessarily at our medical school.

Procedure. Medical students attend a half-day orientation prior to their first clerkship rotation. The surveys were administered at the end of the orientation morning. Anonymity was assured. Participation was encouraged and monitored by requiring that each student turn in a completed survey before receiving clerkship materials. The survey was reviewed and approved by the University Human Subjects Committee.

Instrument. The instrument consisted of three sections: Climate, Experiences, and Attitudes. The Climate section consisted of six scales with a total of 65 items. Two of the six scales were taken from the Classroom Environment Scale (CES) developed by Moos and Trickett (1987). Items for four additional scales (Positive Climate, Sexual Harassment, Gender Discrimination, and Gender Insensitivity) were developed in the manner recommended by the authors of the CES: that is, to first find out what students consider evidence that there is or is not gender insensitivity or sexual harassment, and, then, to develop a set of short statements for each scale, try out the items and choose those that are most psychometrically sound. Data from the workshop discussions and interviews with two groups of medical students, along with information from the literature (Baker, Terpstra & Lamtz, 1990; Benokraitis & Feagin, 1986; Brooks & Perot, 1991; Fitzgerald, et al., 1988; Gruber, 1990; Marshall, 1978; Rowe, 1990; Terpstra & Baker, 1989) formed the basis for the generation of items.

Students responded to the items on a 4-point scale (1=strongly disagree; 4=strongly agree). Descriptions of the individual scales and sample items follow:

Classroom Environment Scale--Affiliation (A): the level of friendship students feel for each other, as expressed by getting to know each other, helping each other with homework, and enjoying working together (10 items).

"It's easy to get a group together for a project"

"There are groups of students who don't get along here"

Classroom Environment Scale--Teacher Support (TS): the amount of help and friendship the teacher manifests toward students; how much the teacher talks

openly with students, trusts them, and is interested in their ideas (10 items).

"Most faculty take a personal interest in students"

"Sometimes the teachers embarrass students for not knowing the right answer"

Positive Climate (PC): the degree to which students feel comfortable, respected, supported, mentored, and motivated to perform academically (9 items).

"People are treated with courtesy and respect"

"The medical school environment is less comfortable than my undergraduate environment"

Sexual Harassment (SH): the degree to which students feel that sexual harassment is a problem, that it is not handled in a manner which supports and protects the individuals involved, and do not feel free to express concerns about sexual harassment (12 items).

"People who make complaints of sexual harassment are protected from harmful consequences"

"Remarks denigrating women are common"

Gender Insensitivity (GI): the degree to which students feel that attitudes towards men and women are different as reflected in the visibility of the two sexes, the use of language, responses to women's issues and concerns, and evaluation and feedback regarding academic performance (14 items).

"Classroom questions from women students are treated with less respect by faculty than those from men students"

"Teachers use male examples as if they represent all persons"

Gender Discrimination (GD): the degree to which students feel that their gender causes them to be channeled into particular areas of medicine, and to which women or men are favored or discriminated against in various aspects of their education (10 items).

"Male students are more actively recruited for research projects than female students"

"Women are discouraged from entering certain specialties"

The Experiences section focussed on the individual's experiences during the preceding year. The development of this section came primarily from the sexual harassment literature and the concerns expressed by students during the intervention activities. The Experiences section contained three parts. In the first part, students were asked to indicate how frequently (never, once, more than once) in the past year they had observed a set of five offensive gender-related behaviors and their source (faculty member, teaching assistant/staff, house officer, fellow student). In the second part, they were asked how frequently they had experienced a similar set of six behaviors and the source of those behaviors. The behaviors were derived from specific examples of offensive behaviors found in the literature on sexual harassment and from the definition of sexual harassment embodied in the Equal Employment

Opportunity Commission (EEOC) guidelines (1980).

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The specific items appear in Tables 4 and 5. In the third part of the Experiences section, any student who responded "once" or "more than once" to any of the observed or experienced items was asked to check, from lists of 10 possibilities each, (1) any actions that were prompted by their experiences (e.g., *avoided the person(s), filed a formal complaint*), and (2) the effects of their experiences (e.g., *influenced subsequent career decisions, negatively affected my feelings about medical school*).

The Attitudes section also was specific to the individual, but this time focussed on the person's current attitudes regarding gender insensitivity and sexual harassment issues, behaviors, and concerns. The Attitudes section had two parts. Students were asked to report their agreement (1=strongly disagree; 5=strongly agree) with a series of statements that reflected gender stereotyping and non-egalitarian thinking (15 items; e.g., *men are more competitive than women, the entry of women is making medicine less rigorous*) and other statements of attitudes toward sexual harassment (14 items; e.g., *sexual harassment has little to do with power, those who complain of sexual harassment generally have other motives*).

Scoring and Data Analysis. Means and standard deviations for each of the climate scales were determined. Independent t-tests compared the mean responses for men and women students for each scale. Correlated t-tests compared the overall means of the six climate scales. Cronbach alphas assessed the reliability of the six scales of the instrument.

To investigate the hypothesis that the personal observation or experience of objectionable gender-related behavior would affect a student's view of all of the aspects of school climate we performed two additional analyses: (1) Men and women were divided into two groups each (a group that reported never having observed any of the five behaviors and another group that reported observing at least one of the behaviors). A similar division was made for the experienced behaviors. Independent t-tests were performed to compare the mean agreement ratings of the groups. (2) Responses to the frequency of the students' observations and experiences of gender-related behaviors were scored by giving a weight of 0 to "never," 1 to "once," and 2 to "more than once." These scores were then summed over items in each category--five for observations, six for experiences. This total provided an estimate of the relative

amount of offensive behavior each student reported having observed/experienced. Correlations between these weighted sums and the mean agreement ratings of the three positive and three negative scales were calculated.

RESULTS

Climate. The means for the six scales of the Climate section of the survey are shown in Table 1. High scores indicate agreement with the name of the scale (e.g., "high" positive climate or "high" sexual harassment). Mean scores above or below 2.5 show agreement or disagreement, respectively, with the scaled construct. These 77 medical students were: closer to agree than disagree on Positive Climate and Affiliation; near the neutral point on Teacher Support; and closer to disagree on Sexual Harassment, Gender Insensitivity, and Gender Discrimination.

Insert Table 1 about here

The hypothesis that there would be significant male/female differences for scales relating to gender concerns (SH, GI, GD) was supported for two of the three scales. Although still below the mid-point of the scale (i.e., disagreement with the concept), female students perceived significantly more Sexual Harassment and Gender Insensitivity than male students; the difference approached significance for Gender Discrimination. The hypothesis that there would be no significant male/female differences for climate scales that do not specifically relate to gender concerns (PC, A, TS) was supported for two of the three scales. There were no significant male/female differences in Positive Climate or Teacher Support. Female students, however, perceived a significantly higher degree of Affiliation than male students.

Correlations among the overall means (Table 2) were all significant at the $<.001$ level. The three "positive" scales (PC, A, TS) were all positively correlated with one another and negatively correlated with the three "negative" scales (SH, GI, GD), which were all positively correlated with one other. The Cronbach alpha reliability coefficients (i.e., internal consistency) for the six scales were: PC=.71, A=.74, TS=.76, SH=.81, GI=.85, and GD=.83.

Insert Table 2 about here

Experiences. In asking how frequently each student had observed a set of five gender-related behaviors in the past year, and the person(s) who had been the source of each behavior (Table 3), we found that 70% of both female and male students observed at least one of the five gender-related behaviors at least once. In every case, among those who had observed the behaviors, the percentage of those who checked "more than once" was higher than those who checked "once." When asked to indicate the sources of the "observed" behaviors, 46% of the time students said it was a fellow student, 34% a faculty member, 12% a TA/staff, and 8% a houseofficer.

Insert Table 3 about here

When we asked how frequently each student had experienced a set of six gender-related behaviors in the past year, and the person(s) who had initiated each behavior. (Table 4), we found that 46% of the female students and 15% of the male students reported experiencing at least one of the six sexually harassing behaviors at least once. For three of the six behaviors, among those who had experienced them, the percentage of those who checked "more than once" was appreciably higher than those who checked "once." When asked to indicate the sources of the "experienced" behaviors, 54% of the time students said it was a fellow student, 23% a faculty member, 15% a TA/staff, 8% a houseofficer.

Insert Table 4 about here

Finally, we asked how frequently each student had experienced "sexual harassment," letting them make their own internal definition. Although 46% of the female students and 15% of the male said they had experienced at least one of the behaviors considered sexual harassment by EEOC guidelines, only 16% of the female and 7% of the male students reported having been "sexually harassed." We also asked how frequently each student had experienced "sexual assault." Only one student (male) indicated even a single event, the perpetrator being a fellow student.

The hypothesis that men and women who report having observed or experienced objectionable gender-related behaviors would have higher mean scores on the three negative climate scales (SH, GI, GD) and lower mean scores on the three positive climate scales (PC, A, TS) than those who do not report observing or experiencing these behaviors was supported. First, men and women students were divided into (1) those who said they had seen or experienced none of the behaviors, and (2) those who had seen or experienced at least one of them at least once (Table 5).

Insert Table 5 about here

Climate scores for both men and women were in the hypothesized direction for those who had observed the objectionable behaviors. In the majority of cases, the difference between the groups was significant. The effect was even stronger for women when they had experienced the behaviors than when they had simply observed them. Too few men reported experiencing sexually harassing behaviors for group comparisons to be made.

Next, we investigated more directly the reported frequencies of their observations or experiences by assigning them relative weights: 0 for "never," 1 for "once," and 2 for "more than once." The mean "observed" score was 3.06 overall, 2.85 for men (Range=0-7), and 3.32 for women (Range=0-10) out of a possible score of 10. Male/female differences were not significant ($p=.41$). The mean "experienced" score was 1.09 overall, 0.27 for men (Range=0-3), and 1.97 for women (Range=0-8) out of a possible score of 12. Male/female differences were significant ($p<.001$). Correlations

between these weighted scores and the mean agreement ratings of the three positive and three negative climate scales were performed (Table 6). Weighted scores for observed behaviors were negatively correlated with ratings on the positive scales and positively correlated with ratings on the negative scales. The majority of the correlations were significant. The relationship appears to be stronger for men than for women and stronger for women for the negative scales than for the positive.

Insert Table 6 about here

We asked students who responded "once" or "more than once" to any of the observed or experienced items to indicate their subsequent actions and the effect(s) of those experiences. The results were the following: (1) ignoring, avoiding, and asking the person(s) to stop were the most common actions taken; more men reported ignoring; more women reported avoiding and asking to stop; no one filed a formal complaint; (2) "negatively affected my feelings about medical school" and "negatively affected my state of mind" were the most frequently reported effects (men more often reported the former, and women more often reported the latter); and women more often reported worry about their academic futures and career decisions.

Attitudes. The mean for the set of 15 gender stereotyping and/or a non-egalitarian attitude items was 2.27 (Men=2.41; Women=2.12; $p=.01$), indicating "disagreement" on the average. The reliability coefficient for this set of items was .71 (Cronbach alpha). The item with the highest agreement rating from both men and women students was "The entry of women is humanizing medicine" ($M=3.81$). This item was the only one where the means--male, female or total--was substantially above the midpoint of the 5-point scale. Men and women students' responses were significantly different for a number of items. In every case, males had higher mean ratings for the gender-stereotypic statements than did the women (Table 7).

Insert Table 7 about here

A final set of items asked students to report their agreement with 14 statements related to sexual harassment. Men and women responded similarly to the following items, which were also those with the highest mean ratings: "The climate for women students has improved since I've been here" ($M=3.15$) and "Sexual harassment is decreasing in the medical school" ($M=3.00$). These means, however, are at or near the midpoint of the scale. Men and women students' responses were significantly different for the items shown in Table 8. In every case, males had higher mean ratings than women, although the means were all below the midpoint.

Insert Table 8 about here

Men and women disagreed equally that "*The entry of women is making medicine less rigorous*" (Male $M=1.60$; Female $M=1.61$), "*Sexual harassment has little to do with power*" (Male $M=1.47$; Female $M=1.33$), and "*There is little that one can do to make others stop bothering him/her sexually*" (Male $M=1.67$; Female $M=1.77$).

DISCUSSION

The student sample that we surveyed tended to agree that there is a positive climate, with camaraderie among students. Teacher Support was near the neutral point. Students tended to disagree that there was Gender Discrimination and leaned toward disagreement for Sexual Harassment and Gender Insensitivity. Both men and women students appeared to be sensitive to observing sexually harassing behaviors. Such observations were associated with a general decrease in positive climate ratings and a general increase in negative ones. There was, thus, support for the hypothesis that personally observing sexual harassment can change one's perception of the general educational environment. In addition, the experience of sexual harassment, reported by 46% of the women sampled, further worsened their perception of the school climate.

The students in our sample had progressed to approximately the halfway point of their medical training and, thus, were not representative of the entire medical school student body. More important, these students had not yet experienced training in a clinical setting where the climate has often been found to be more problematic for women, with residents and attending physicians cited most frequently as sources of sexual harassment (Baldwin, Daugherty & Eckenfels, 1991; Grant, 1988; Komaromy et al., 1993). Those named as sources of sexual harassment in our study were primarily fellow students. On the other hand, the 70% who reported having observed sexually harassing behavior and the 46% female and 15% male students who reported experiencing such behavior were similar to percentages of students cited in the literature.

Information and skills training for prevention and interruption of sexual harassment is clearly important for students; 46% of women students reported experiencing sexually harassing behavior, yet only 16% of them responded affirmatively when asked if they had been "sexually harassed." Although not an uncommon finding (Jaschik & Fretz, 1991), this discrepancy in understanding should be minimized or eliminated.

Men and women students have a number of significant differences in their perceptions and attitudes. Opportunities to "compare notes" would improve their understanding of these differences and the reasons for them. Men students, for example, were significantly more in agreement than women that sexual harassment is decreasing in the medical school, felt that the intentionality of the sexist action was more important than did the women, and disagreed less than women that few are harmed by sexual harassment experiences.

Our university has a new sexual harassment policy in place. The medical school has made a commitment of time and resources toward gender fairness. This pilot study has shown that we have a viable instrument that we can adapt to assess other members of the medical school community. We found that each of the climate scales reached a moderately high level of internal consistency. As none of the positive scale

means approached the top of the scale and none of the negative scale means approached the bottom, there appears to be latitude in this instrument to show the changes we anticipate.

We plan to survey the entire medical school student body and the faculty to determine if the hypotheses described in this study will be supported. Most pertinent, we plan annually to track change in the perceived climate, and the observation and experience of sexual harassment, as we proceed with our program to foster a more comfortable environment for all.

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Table 1
Mean Agreement Ratings for the Six Scales of the Student Climate Survey
(Scale: 1=strongly disagree; 4=strongly agree--N=77, 40 males and 37 females)

<u>Scale</u>	<u>Overall Mean</u>	<u>Male Mean</u>	<u>Female Mean</u>	<u>p value of M/F difference</u>
Positive Climate (PC)	2.77	2.79	2.75	.62
CES Affiliation (A)	2.77	2.70	2.85	.04
CES Teacher Support (TS)	2.55	2.59	2.51	.37
Sexual Harassment (SH)	2.33	2.24	2.43	.04
Gender Insensitivity (GI)	2.28	2.19	2.38	.05
Gender Discrimination (GD)	2.09	2.01	2.17	.08

Table 2
Correlations Between the Overall Means of the Six Scales (N=77)

	PC	A	TS	SH	GI	GD
Positive Climate (PC)		.62	.73	-.56	-.57	-.61
CES Affiliation (A)			.47	-.40	-.50	-.44
CES Teacher Support (TS)				-.57	-.70	-.69
Sexual Harassment (SH)					.75	.78
Gender Insensitivity (GI)						.78
Gender Discrimination (GD)						

Table 3
Reported Frequency of Observed Behaviors and Identification by Category
of Those Who Displayed Behavior (N=77)

	How Frequently?			By whom? (mark all that apply)*			
	Never	Once	More than than once	Faculty Member	TA/ Staff	House Officer	Fellow Student
How frequently have you <u>observed</u> . . .							
negative remarks about females as a group or jokes that "put down" women?	33%	14%	53%	54%	10%	17%	71%
women being stereotyped in sexually derogatory ways through remarks, presentations, and/or lectures?	50%	14%	36%	67%	19%	3%	4%
public displays of photographs, calendars, and so on, that portray sexually explicit, offensive, or demeaning images of women?	80%	8%	12%	20%	20%	7%	60%
offensive gestures of a sexual nature?	82%	3%	15%	15%	7%	7%	85%
those who support efforts to improve women's status being put down?	69%	8%	23%	48%	30%	17%	78%

* Percents do not add to 100 as some students made multiple responses.

Table 4
Reported Frequency of Experienced Behaviors and Identification by Category
of Those Who Initiated Behavior (N=77)

	How Frequently?			By whom? (mark all that apply)*			
	Never	Once	More than than once	Faculty Member	TA/ Staff	House Officer	Fellow Student
How frequently have you <u>experienced</u> . . .							
unwelcome sexually directed remarks about clothing, body, sexual activities?	75%	8%	17%	28%	22%	5%	72%
unwanted verbal propositions to participate in sexual activity?	96%	1%	3%	0%	0%	33%	67%
unwanted physical contact or proximity (e.g., cornering, leaning over)?	86%	3%	11%	30%	10%	0%	50%
unwelcome letters, telephone calls, receipt of materials of a sexual nature?	98%	1%	1%	0%	0%	0%	50%
staring, excessive eye contact?	82%	4%	14%	23%	23%	15%	46%
discomfort caused by subtle pressure for sexual activity?	96%	1%	3%	33%	0%	0%	33%

* Percents do not add to 100 as some students made multiple responses.

Table 5
Mean Ratings for the Three Positive and Three Negative Scales
of the Student Climate Survey by Gender and by Group (N=77)

	Males (n)--Observed sexually harassing behaviors?			Females (n)--Observed sexually harassing behaviors?		
	<u>No (12)</u>	<u>Yes (28)</u>	<u>p</u>	<u>No (11)</u>	<u>Yes (26)</u>	<u>p</u>
Positive Climate (PC)	2.94	2.71	.04	2.86	2.68	.21
CES Affiliation (A)	2.78	2.66	.32	3.06	2.77	.01
CES Teacher Support (TS)	2.78	2.51	.02	2.69	2.44	.08
Sexual Harassment (SH)	2.08	2.31	.06	2.29	2.48	.19
Gender Insensitivity (GI)	1.96	2.23	.04	2.11	2.44	.04
Gender Discrimination (GD)	1.73	2.13	.006	2.01	2.24	.08
	Males(n)--Experienced sexually harassing behaviors?			Females (n)--Experienced sexually harassing behaviors?		
	<u>No (34)</u>	<u>Yes (6)</u>	<u>p</u>	<u>No (20)</u>	<u>Yes (17)</u>	<u>p</u>
Positive Climate (PC)				2.88	2.57	.01
CES Affiliation (A)		Too few		2.96	2.73	.04
CES Teacher Support (TS)		males in		2.69	2.31	.003
		"Yes" group				
Sexual Harassment (SH)		to do tests		2.32	2.55	.09
Gender Insensitivity (GI)				2.13	2.60	.001
Gender Discrimination (GD)				1.99	2.38	.001

Note: The hypothesis was that the "Yes" groups would have lower mean ratings for the positive scales (PC,A, TS) and higher for the negative scales (SH, GI, GD) than the "No" groups.

Table 6
Correlations Between the Three Positive and the Three Negative Scales and the
Weighted Observation Scores for All Students, Males, and Females
(N=77--40 men and 37 women)

	All Students	Males	Females
Positive Climate (PC)	-.36*	-.52*	-.22
CES Affiliation (A)	-.27*	-.31*	-.29
CES Teacher Support (TS)	-.41*	-.62*	-.23
Sexual Harassment (SH)	.39*	.48*	.30
Gender Insensitivity (GI)	.46*	.56*	.37*
Gender Discrimination (GD)	.46*	.52*	.38*

*significant beyond .05 level

Table 7
Mean Agreement with Gender-stereotyping Statements by Gender
(Scale: 1=strongly disagree; 5=strongly agree--40 males and 37 females)

	Male <u>Mean</u>	Female <u>Mean</u>	<u>p</u>
Women are more emotional than men	3.32	2.79	.02
Women are more naturally suited to raising children than men	2.37	1.67	.005
A male mentor would be more advantageous to my career than a female mentor	2.10	1.64	.04
Men think more abstractly than women	2.08	1.48	.005
Men have greater scientific aptitude than women	1.82	1.27	.005

Table 8
Mean Agreement with Sexual Harassment Statements by Gender
(Scale: 1=strongly disagree; 5=strongly agree--40 males and 37 females)

	Male Mean	Female Mean	p
Sexual harassment is decreasing in the medical school	3.37	2.58	.004
An outgoing, personable man is likely to be accused of sexual harassment regardless of his intentions	2.79	1.73	<.001
An emphasis on sexual misconduct policy destroys a sense of community	2.51	1.60	<.001
An action is not "sexist" unless it is intentional	2.15	1.56	.01
Few who experience sexual harassment are harmed by it	2.05	1.41	.008
Those who complain of sexual harassment generally have other motives	1.95	1.48	.03
It is only natural to make sexual advances toward an attractive fellow student	1.89	1.39	.01

Sexual Harassment Workshops for Medical Students

Student Handbook

Facilitator Handbook

Stanford University School of Medicine

Sexual Harassment: Recognition, Action, and Prevention

Student Handbook

Developed in part by Equity Institute, Inc., Emeryville, CA; Beth Milwid, Ph.D. and Charlotte Jacobs, M.D., Stanford University School of Medicine.

Supported by the Comprehensive Program Fund for the Improvement of Postsecondary Education (FIPSE), U.S. Department of Education.

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Agenda

- I. Introduction to the Program
 - Workshop Goals
 - Guidelines
- II. Defining Sexual Harassment
 - Small group exercise — define sexual harassment
 - The law and sexual harassment
- III. Recognizing Sexual Harassment
 - An awareness activity — checklist
 - Small group exercise — examples of sexual harassment, reactions of recipients (feelings and behavior)
- IV. Common Misperceptions
 - Inside academia
 - Inside medicine
- V. Skills Development
 - Assessing an incident
 - What to say
 - Meta-message
 - Role play
- VI. Toward Successful Resolution
 - Stanford policy and procedures
 - Wrap Up
- VII. Evaluation

I. INTRODUCTION

Workshop Goals

Participants will have the opportunity:

- To gain a better understanding of what legally constitutes sexual harassment in an educational environment and the workplace;
- To gain a better understanding and awareness regarding the explicit and implicit occurrences and effects of sexual harassment;
- To develop skills to prevent and interrupt sexual harassment;
- To develop strategies to confront sexual harassment by using personal resources and those of the University; and
- To build alliances among students, faculty and staff to create a harassment-free environment.

II. DEFINING SEXUAL HARASSMENT

The Law

- Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Title VII prohibits discrimination on the basis of race, color, religion, sex, or national origin.
- Sexual harassment is also prohibited by Title IX of the Education Amendments of 1972.

The Legal Definition

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature constitute sexual harassment when submission to or rejection of this conduct:

- Explicitly or implicitly affects an individual's employment;
- Unreasonably interferes with an individual's work performance; or
- Creates an intimidating, hostile, or offensive work environment.

How the Law Works: A Summary of Equal Employment Opportunities Commission (EEOC) Guidelines

The Individuals

- The victim, as well as the harasser, may be a woman or a man. The victim and harasser may be of the same sex.
- The victim can be anyone affected by the offensive conduct, not necessarily the person harassed.
- The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or an agent of the employer.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.

The Responsibility

- The victim has a responsibility to establish that the harasser's conduct is unwelcome.
- An employer may be held liable for acts of sexual harassment regardless of whether the employer knew or should have known of their occurrence.

The Role of the Courts

The courts have recognized two forms of sexual harassment:

- Quid Pro Quo
 - "The power threat"
 - Usually involving sexual demands made in exchange for employment or academic benefits
 - Easier to identify
- Hostile Work Environment
 - "The polluter"
 - Usually involving a work atmosphere so pervasively hostile, offensive, or abusive that it alters the condition of employment
 - More difficult to identify

Recently, the federal courts held that "the reasonable woman" standard should be used to determine whether specific conduct constitutes "hostile work environment" sexual harassment.

- New acknowledgment of the different perspectives of men and women
- New focus on the perspective of the recipient

Participant Directions:

Indicate by checking the appropriate answer which of the behaviors you consider to be sexual harassment. If you believe that the behavior is not sexual harassment but inappropriate interpersonal skills, check the box "poor skills."

1. A faculty member constantly makes comments about a student's physical appearance, dress, or personal behavior.
☐ Yes ☐ No ☐ Poor Skills
2. Repeatedly asking a student to go out for a date when the person has indicated a preference not to go.
☐ Yes ☐ No ☐ Poor Skills
3. Constantly touching an individual when speaking to that person.
☐ Yes ☐ No ☐ Poor Skills
4. Telling jokes of a sexual nature.
☐ Yes ☐ No ☐ Poor Skills
5. Being physically attracted to another person.
☐ Yes ☐ No ☐ Poor Skills
6. Blocking a person's free movement.
☐ Yes ☐ No ☐ Poor Skills
7. Sending sexually suggestive E-mail to another person.
☐ Yes ☐ No ☐ Poor Skills
8. Prolonged looking at another person.
☐ Yes ☐ No ☐ Poor Skills
9. Embarrassing an individual in a public forum based on their gender.
☐ Yes ☐ No ☐ Poor Skills
10. Unwanted attention at an off-campus social gathering.
☐ Yes ☐ No ☐ Poor Skills

What to Say: A Sample Text

The following four-part model is useful in planning. Feel free to adapt it to your own style, but try to include all four elements when addressing an individual directly. Line four is essential if follow-up action becomes necessary. This same format can be used if you choose to contact the harasser by letter.

What you say:

"When you _____,"

I feel _____,

because _____."

"And I want you to stop."

Example:

"Dr. X, when you refer to Linda and me as 'the girls in the lab,' I feel uncomfortable because it doesn't sound as though we are professional like everyone else. I want you to stop calling us 'girls'."

What you communicate:

A detailed description of the behavior

Your response.

The wider impact of the behavior.

The behavior is unwelcome.

Role Play

Assign roles, role play (once or twice), discuss alternative responses:

How did you respond?

What did and didn't work?

Notes:

Case #1

You are preparing for the first presentation of your research at the MSTP retreat. You have been working on the project for only six months, and you request a meeting with your advisor to discuss your presentation. You never realized how small his office is, as you were sitting only a foot away from him. After discussing the data, you express your concerns about your progress. He leans over and pats your knee. "Don't worry," he says, "I can guarantee your success." You quickly mumble a note of thanks. "Of course," he goes on to say, "there will have to be a little give-and-take. If I put all this effort into your career, I'll expect a few things in return."

Case #2

As a CAM student, you have just begun your third laboratory rotation. You have been feeling a bit insecure, and so you are really pleased that a faculty member has finally taken significant interest in you. She continues to compliment you on your innovation and creativity. For the first time, you feel worthy of being a graduate student. You feel particularly good since she is one of the most senior faculty and is rumored to be highly demanding and critical. She has even taken an interest in your personal life, asking about outside interests, friends, family, etc. Now she has even invited you to lunch to discuss your research project.

When you enter the restaurant, you begin to feel a little uncomfortable. It is clearly a very expensive French restaurant, and even though it is noon time, the restaurant appears very dark. You are seated in a semi-circular booth. She seats herself right next to you. After she's placed the order, you notice that her arm is resting over the back of your seat and that she has managed to brush your leg twice.

Case #3

You have been working on a project that requires more lab materials than your budget allows. You decide to approach the manufacturer directly, requesting a donation. You argue that all materials will be used for research and educational purposes.

You are excited to discover that your requests have been granted. You share the good news with your P.I., who congratulates you on your successful efforts.

Later, you and the P.I. are discussing the project with one of his colleagues. The colleague seems amazed that you orchestrated such a generous donation.

"Tell me, how did you get them to give you all that equipment?," he asks with interest.

"Oh, she just blinked her pretty little eyelids," the P.I. breaks in, laughing, as he turns to look at you.

How do you respond?

Stanford University School of Medicine

Sexual Harassment: Recognition, Action, and Prevention

Facilitator Handbook

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Agenda

- I. Introduction to the Program (15 minutes)
 - Workshop Goals
 - Guidelines
- II. Defining Sexual Harassment (30 minutes)
 - Small group exercise — define sexual harassment
 - The law and sexual harassment
- III. Recognizing Sexual Harassment (30 minutes)
 - An awareness activity — checklist
 - Small group exercise — examples of sexual harassment, reactions of recipients (feelings and behavior)
- Break (10 minutes)
- IV. Common Misperceptions (10 minutes)
 - Inside academia
 - Inside medicine
- V. Skills Development (60 minutes)
 - Assessing an incident
 - What to say
 - Meta-message
 - Role play
- VI. Toward Successful Resolution (10 minutes)
 - Stanford policy and procedures
 - Wrap Up
- VII. Evaluation

I. INTRODUCTION

Workshop Goals

Participants will have the opportunity:

- To gain a better understanding of what legally constitutes sexual harassment in an educational environment and the workplace;
- To gain a better understanding and awareness regarding the explicit and implicit occurrences and effects of sexual harassment;
- To develop skills to prevent and interrupt sexual harassment;
- To develop strategies to confront sexual harassment by using personal resources and those of the University; and
- To build alliances among students, faculty and staff to create a harassment-free environment.

Facilitator Directions:

Review workshop goals with participants. Explain that there are three major components of the workshop: 1) defining and recognizing sexual harassment, 2) legal aspects, and 3) skills development. Participants will become aware of the University's sexual harassment policy and resource

persons available if students or employees wish to pursue a complaint of sexual harassment.

Agenda

Facilitator Directions:

Review agenda with participants. Explain that changes may be made in the agenda throughout the workshop to meet the needs of the workshop participants.

Guidelines

- Confidentiality
- Respect
- No "Zaps"
- Personalize Knowledge
- Value Risk-Taking
- Express Emotion
- Other

Facilitator Directions:

Review Guidelines with the group. Emphasize that the facilitators wish to create an atmosphere where the participants can speak without fear of reprisals and therefore confidentiality is important. Participants are asked not to reveal other participant's comments outside of the workshop. They are to respect others' rights to express their opinions even though they may disagree. No "Zaps": Do not make fun of anyone. Sometimes, people use humor to "put" people down. Personalize Knowledge: Speak for yourself, not friends, partners, co-workers. We Value Risk-Taking: If you have something to say, say it. Take a chance. It is okay to Express Emotion. The topics we will discuss are emotion-filled. Are there any Other guidelines people would like to invoke for the workshop?

II. DEFINING SEXUAL HARASSMENT

Facilitator Directions:

Participants should be divided into groups of four to six, making sure that men and women are in each group. Participants should be given a sheet of chart paper and marker. One member of the group should volunteer to be the group recorder. **The task of the group is to develop a definition of sexual harassment.**

Review the definitions in the large group. Some groups will give a definition, others will give examples. Both are acceptable. Note what is similar and what is different in the definitions. This activity precedes the Equal Employment Opportunity Commission definition and the definition being used by the Office for Civil Rights. Later you will have the opportunity to observe the similarities between the participant definitions and those of the legal agencies.

Facts about Sexual Harassment

Facilitator Directions:

Hand out sheets on the Law and Sexual Harassment. Review and elicit questions.

The Law

- Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Title VII prohibits discrimination on the basis of race, color, religion, sex, or national origin.
- Sexual harassment is also prohibited by Title IX of the Education Amendments of 1972.

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Recently, the federal courts held that "the reasonable woman" standard should be used to determine whether specific conduct constitutes "hostile work environment" sexual harassment.

- New acknowledgment of the different perspectives of men and women
- New focus on the perspective of the recipient

III. RECOGNIZING SEXUAL HARASSMENT

Facilitator Directions:

The goal of this activity is to encourage participant questions and discussion on instances of sexual harassment. Typically, questions will focus on whether the behavior was unwelcome and/or repetitive, did the recipient of the behavior have the responsibility to say "no" or "stop" and whether there was an "intent" to harass. Emphasize that the recipient determines or defines sexually harassing behavior.

Participants complete the survey in writing and keep. Questions are then reviewed orally with the group.

Participant Directions:

Indicate by checking the appropriate answer which of the behaviors you consider to be sexual harassment. If you believe that the behavior is not sexual harassment but inappropriate interpersonal skills, check the box "poor skills."

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9. Embarrassing an individual in a public forum based on their gender.
☐ Yes ☐ No ☐ Poor Skills
10. Unwanted attention at an off-campus social gathering.
☐ Yes ☐ No ☐ Poor Skills

Small Group Exercise

Facilitator Directions:

Participants should be divided into groups of four to six making sure men and women are in each group. Participants should be given a sheet of paper and marker. One member of the group will volunteer to be the group recorder. Half of the groups are asked to list examples of sexual harassment. The other groups are asked to describe reactions of recipients — feelings, behaviors, and patterns of response. The groups are given 10 minutes and then each group reports. During discussion, be sure to include the following examples:

Examples of Sexual Harassment

Verbal Behaviors:

- Sexual teasing, jokes, questions, comments.
- Personal questions about social or sexual behavior.
- Constantly referring to an adult as "girl," "honey," "doll," or other names — particularly after the person has requested that it stop.
- Sexual innuendoes or stories.
- Pressure for dates or sexual favors.
- Repeated, unwanted telephone calls.
- Whistling or catcalls.
- Power demands.
- Propositions

Nonverbal Behaviors:

- Sexual visual materials (posters, calendars, cards or software).
- Letters.
- Prolonged staring, leering, winks.
- Pornographic and suggestive materials.

Physical Actions:

- Blocking one's way.
- Touching/pinching.
- Patting/stroking.
- Kissing.
- Rubbing/brushing against the body.

Feelings Common to Recipients of Sexual Harassment

- Desensitization.
- Humiliation.
- Self-blame.
- Concern that targeting will increase.
- Lack of support from friends, loved ones, people in positions of power.
- Powerlessness.
- Confusion about future opportunities in education, employment, and social situations.

- Anger and hurt.
- Decreased concentration and self-confidence.
- Nothing will change.

Patterns of Responses Common to Recipients of Sexual Harassment

- Insomnia, chronic fatigue.
- Headaches, neckaches, backaches.
- Work or school avoidance, discontinue course, leave program.
- Distrust of friends.
- Dress down.
- Denial.
- Never be alone.
- Avoid place where harasser may be.
- Deny importance and effect.
- Hesitancy to bring complaint.

Facilitator Directions:

In a brief didactic, go over common misperceptions and inside academia.

IV. COMMON MISPERCEPTIONS

- Nice women don't get harassed.
- Women ask for it.
- Women imagine it.
- It's an attention-getter.
- Men don't get harassed.
- Only troublemakers speak up.
- Only uptight, maladjusted people with social and sexual hang-ups make claims.
- It's just a blue-collar problem.
- Women falsely accuse men of sexual harassment to "get back at them."

Inside Academia

- The particular dynamic of the student-faculty relationships
- Unique discretionary faculty power over students' academic progress and future careers
- Faculty control over formal and informal opportunities:
 - Grades
 - Recommendations
 - Mentoring
 - Co-authorship of grants and research projects
 - Sponsorship to professional organizations
- Great student reluctance to report instances of harassment, even when grievance procedures are clear and available.

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V. SKILLS DEVELOPMENT

Facilitator Directions:

Review the following topics with the group: What you can do, assessing an incident, what to say, the meta-message.

What you Can Do

Beware of cookbook solutions:

- Each situation is unique and must be assessed on an individual basis.
- Your response must fit your personal and professional style.
- You may or may not change attitudes; your goal is to change behaviors.
- Remember that dynamics include ethnic, religious and cultural differences.

Assessing an Incident

In every situation, you will potentially need to make two decisions:
Whether to respond, and, if relevant, how.

Should I?

In deciding whether to confront a harasser, consider:

- Professional relationship
- Informal relationship
- Group norms
- Frequency of incidents
- Others affected
- Chances for success
- Back-up strategy
- Realistic risks

How should I?

In planning what to say, consider:

- Timing
- Location
- Audience
- Emotional climate
- Communication style
- Task orientation
- Follow-up

What to Say: A Sample Text

The following four-part model is useful in planning. Feel free to adapt it to your own style, but try to include all four elements when addressing an individual directly. Line four is essential if follow-up action becomes necessary. This same format can be used if you choose to contact the harasser by letter.

What you say:

"When you _____,"

I feel _____,

because _____."

"And I want you to stop."

What you communicate:

A detailed description of the behavior

Your response.

The wider impact of the behavior.

The behavior is unwelcome.

Example:

"Dr. X, when you refer to Linda and me as 'the girls in the lab,' I feel uncomfortable because it doesn't sound as though we are professional like everyone else. I want you to stop calling us 'girls'."

The Meta-Message

It's not easy to confront someone about sexual harassment. Your effectiveness will be increased if your overall "meta-message" conveys serious intent, a willingness to communicate, and a belief in your ideas. The following communication tips are useful under any stressful circumstances:

- Use eye contact
- Speak up
- Make your point
- Be precise
- Be succinct
- Demonstrate that you have given this thought
- Use details
- Make sure your body language supports your message
- Ask for a response

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Introduction to Role Play

Facilitator Directions:

Divide the students into groups of five or six. Assign one case to each group. Tell them that they should have one student play the role of harasser, one the responder, and one or two to keep time, take notes, and report back. If there is time, replay case with new players. They should discuss their experience in the role play and alternative responses.

Following that, they will report back to the entire group for a total of 10 minutes of discussion on each case. Ask each group: 1) What are the issues? 2) How did your group respond? 3) (To those who did role play) How did you feel? What worked? 4) Could you imagine the sex roles to be changed in this role play to male/female, female/male, or male/male? 5) Choose one role play to write a letter to the harasser. What would you say?

Role Play

Assign roles (once or twice), discuss alternative responses:

How did you respond?

What did and didn't work?

Notes:

Case #1

You notice that your attending in the ICU routinely comments on the appearance of a certain female medical student.

One time it was, "My, Ellen, you've got such a lovely dress on." Another time, it was, "Good morning, going somewhere special today?" You've been watching this pattern evolve over time and you've noticed that the instructor comments only on this one student's appearance. Other medical students have observed the pattern as well.

One day, Ellen announced on rounds that she had finally gotten a patient to agree to a surgical procedure. "How did you do that?" the resident asked.

"Oh, she just blinked her pretty little eyelids," the attending said.

Case #2

You have just completed a rotation in orthopedic surgery, your career choice. You are worried about competition for positions, and so you are really pleased that a faculty member has taken an interest in you. He continues to compliment you on your clinical skills. Now he has invited you to lunch to discuss your research.

When you enter the restaurant, you begin to feel a little uncomfortable. It is clearly a very expensive French restaurant, and even though it is noon time, the restaurant appears very dark. You are seated in a semi-circular booth. He seats himself right next to you. After he's placed the order, you notice that his arm is resting over the back of your seat and that he has managed to brush your leg twice.

Case #3

You are halfway through a hematology rotation. Since you want to be a hematologist, you are anxious for feedback and you meet with the course director. You never realized how small her office is, as you are sitting only a foot away from her. You express concerns about your progress. She asks questions about your background and then about your personal life. Finally, she leans over and pats your knee. "Don't worry," she says, "I can guarantee your success." You quickly mumble a note of thanks. "Of course," she continues. "There will need to be give-and-take."

VI. TOWARD SUCCESSFUL RESOLUTION

Facilitator Directions:

Review your school's policies and procedures. The facilitator will then summarize the positive aspects of the workshop, stressing how the students helped each other.

mfs 10/14/94